

Name in Full		James A. Abbott				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Mt Wiggins		County Baltimore		MARYLAND	
	Date of death	1908	Month 1	Day 22	Age 79	Months	Days
	Sex	Male		Color or Race	White		
	Occupation	Mechanic		Birth-place	Baltimore Md		
	Where Residing if not at place of death						
	Married, Single or Widowed	Married		Name of Wife or Husband	Rebecca Abbott		
	Father's Name	Not Known				Father's Birthplace	Not Known
Mother's Maiden Name	Not Known				Mother's Birthplace	Not Known	
Name of person giving information	H. A. Prink				How related to deceased	None	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Paralysis				How long	1 year.
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	August W. Miller Coroner
						Address	Mt. Wiggins Baltimore Md
	Accident or Suicide?						

Balt. Cemetery

Name  
in  
Full

Edward P. Akers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Relay		County Baltimore		MARYLAND	
Date of death		1908	Month Jan	Day 10	Age 50	Years	Months Days
Sex male		Color or Race white		Birth-place Baltimore			
Occupation None		Where Residing if not at place of death Relay, Balt. Co. Md.					
Married, Single <del>or Widowed</del>		Name of Wife or Husband					
Father's Name Edward Akers		Father's Birthplace England					
Mother's Maiden Name Louise Ann		Mother's Birthplace Baltimore					
Name of person giving information Leonora Akers		How related to deceased sister					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	Pneumonia (Lobar)	How long	2 days
Immediate	Respiratory failure	How long	6 hours
Are the name, age, sex, color and place correctly given yes		Signature of Physician Lizzie J. Sunday M.D.	
		Address Relay Balt. Co. Md.	
Accident or Suicide?			

For Removal to —

Balto. Ma =

2615 St. Charles St =

Burial at Green Mt Cem.

E. Madison Mitchell

Undertaker

Balto Ma

Name  
in  
Full

Lillian May Arment

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		STATE	
Arlington		Baltimore		Maryland			
Date of death	Month	Day	Age	Years	Months	Days	
1998	Jan	7	14		1	16	
Sex	Color or Race		Birth-place				
Female	white		Md				
Occupation			Where Residing if not at place of death				
None							
Married, Single or Widowed			Name of Wife or Husband				
Single							
Father's Name			Father's Birthplace				
Geo W Arment			Md				
Mother's Maiden Name			Mother's Birthplace				
Annie M. Taylor			Md				
Name of person giving information			How related to deceased				
Geo W. Arment			father				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Miliary Tuberculosis	How long	5 months
Immediate	Pulmonary Tuberculosis	How long	3 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. D. Wells M.D.	
		Address	
		Arlington Maryland	
Accident or Suicide?			

Enclid Heights  
Narcissus

Name  
in  
Full

## CERTIFICATE OF DEATH

*Alfonsia Bailey*  
 Town *Glyndon* County *Balto*

MARYLAND

Died at *Glyndon*  
 Date of death *1908* Month *Jan* Day *21* Age *28* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Balto co Md*

Occupation *Domestic* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *William Bailey*

Father's Name *John Thomas* Father's Birthplace *near a*

Mother's Maiden Name *Tobitha Painter* Mother's Birthplace *Balto co Md*

Name of person giving information *Tobitha Thomas* How related to deceased *Mother*

## CAUSES OF DEATH

27

Primary *Tuberculosis* How long *Don't know*

Immediate *Weakness* How long *4 weeks*

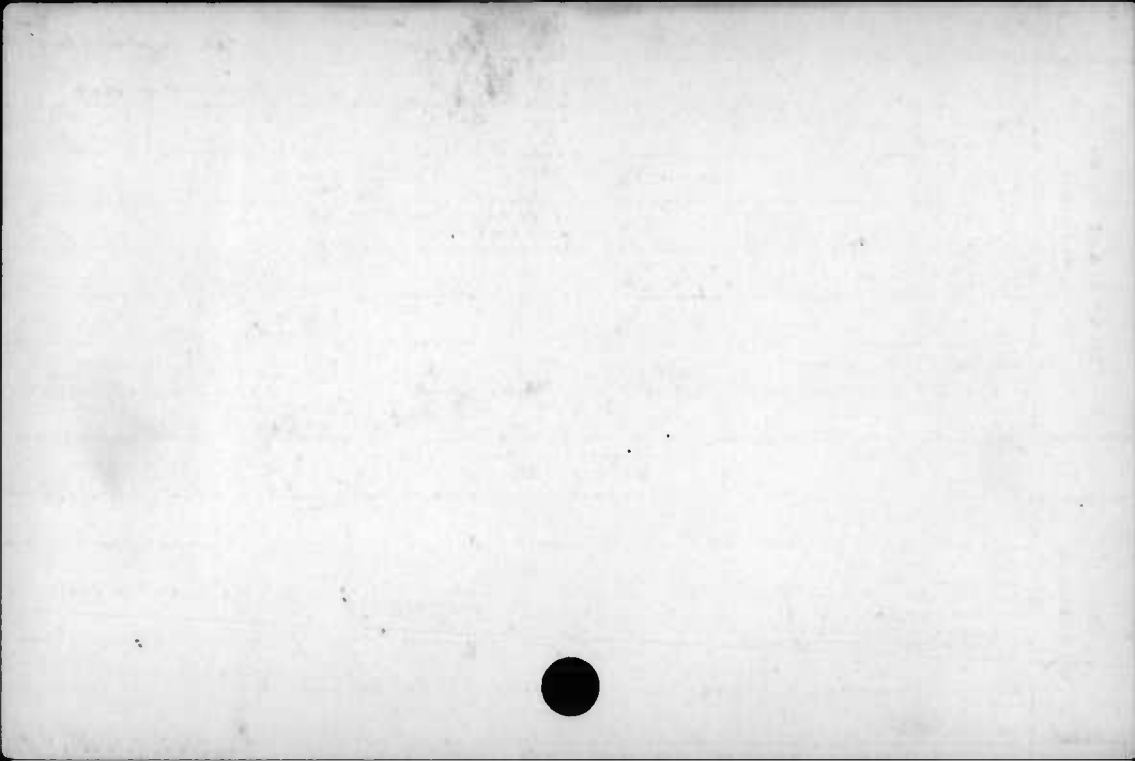
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Thurbaice*

Address *Glyndon Md*

Accident or Suicide? *X*

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Alice Banks.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hullville</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1908</u> <sup>Month</sup>	<u>Jan</u> <sup>Day</sup>	<u>20</u> <sup>Years</sup>	<u>40</u> <sup>Months</sup>	<u>no</u> <sup>Days</sup>
Sex	<u>female</u>		Color or Race	<u>Colored</u>	
Occupation	<u>none</u>		Birth-place	<u>Fredrick</u>	
Married, Single or Widowed <u>Married</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>John Benson</u>			Father's Birthplace <u>Fredrick</u>		
Mother's Maiden Name <u>Sofa Jones</u>			Mother's Birthplace <u>Fredrick</u>		
Name of person giving information <u>Isaac Chase</u>			How related to deceased <u>Husband</u>		

## CAUSES OF DEATH

(66)

PHYSICIAN  
OR CORONER

Primary	<u>Paralysis</u>	How long	<u>5 years</u>
Immediate	<u>Paralysis of heart.</u>	How long	<u>few minutes.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>R. H. H. H.</u>	
		Address <u>W. H. H. H.</u>	
Accident or Suicide?		<u>no</u>	

George Hooper

Mt Auburn Cemetery

Name  
in  
Full

*Louis Barnemel*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1908	Month	Jan	Day	13
Age	Years		Months		Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>None</i>		Birth-place	<i>Balto Co Md</i>	
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name	<i>John Barnemel</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Justina Hermsel</i>			Mother's Birthplace	<i>Germany</i>
Name of person giving information	<i>Margaret Buege</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

**179**

PHYSICIAN  
OR CORONER

Primary *Death due to*  
*Natural Causes.*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

*David A. Thompson*  
Address *1500 Highland Ave*  
*Baltimore Co Md*

Accident or Suicide?

Henry Hoeck Sr

Sacred Heart Cemetery

Name  
is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

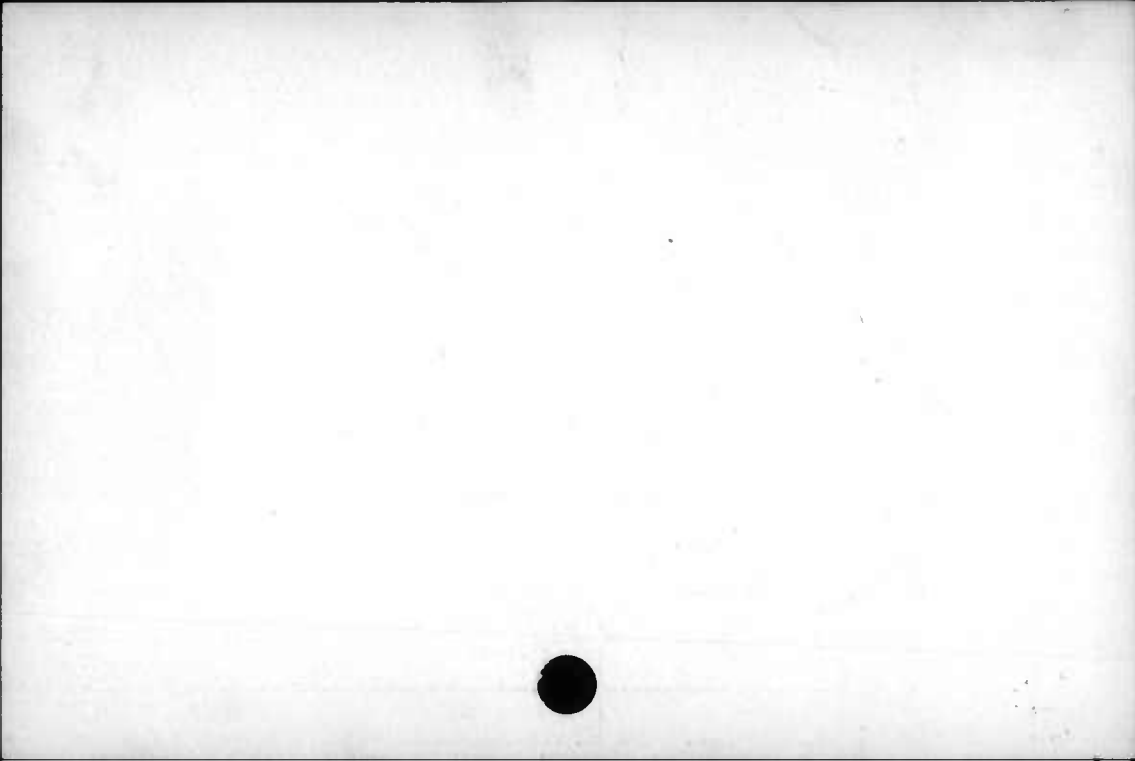
Died at <i>Glyndon</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>8</i>	Month <i>1</i>	Day <i>7</i>	Age <i>45</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balti. Co. Md.</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Laborer</i>				
Name of Wife or Husband <i>Mary Moran</i>					
Father's Name <i>Ephraim Baubley</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Maryann Baubley</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Mary Baubley</i>			How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tubercular Tuberculosis</i>	How long <i>15 months</i>
Immediate <i>L. Griffe &amp; Pleuro Pneumonia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos Price</i>
	Address <i>Glyndon Md.</i>
Accident or Suicide? <i>X</i>	



Name  
in  
Full

Mary Baunzgar

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Agn's Hospital</i> <sup>Town</sup> <i>Balto.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>January</i> <sup>Month</sup> <i>10</i> <sup>Day</sup>	Age <i>65</i> <sup>Year</sup>	<i>00</i> <sup>Months</sup> <i>00</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>United States</i>	
Occupation <i>none</i>	Where Residing if not at place of death <i>St. Agn's Hospital</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband _____		
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>unknown</i>		
Name of person giving information <i>Hospital History</i>	How related to deceased _____		

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Old age</i>	How long _____
Immediate <i>Acute Dilatation of Heart</i>	How long <i>15 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. P. Sandrock</i>
	Address <i>St. Agn's Hospital</i>
Accident or Suicide? <i>1</i>	

309 Webster St     Walto, Ind.



Name  
In  
Full

Annie Beh

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Highlandtown</u> Town			<u>Balls</u> County			MARYLAND	
Date of death <u>1908</u>		Month <u>July</u>	Day <u>15</u>	Age <u>73</u> Years	Months <u>-</u>	Days <u>-</u>	
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Germany</u>			
Occupation <u>Housewife</u>				Where Residing if not at place of death <u>—</u>			
Married, <u>Single</u> or Widowed			Name of Wife or Husband <u>John S. Beh.</u>				
Father's Name <u>unknown</u>			Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>unknown</u>			Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>John S. Beh</u>			How related to deceased <u>Son</u>				

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <u>Tubercle</u>	How long <u>3 days</u>
Immediate <u>Pneumonia</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>C. N. Athey</u>
	Address <u>—</u>
Accident or Suicida? <u>—</u>	

Mr Carmel Cents  
Jno A. Norton

Name  
In  
Full

George Nicholas Benner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Baltimore Co</u> Town		<u>Balt. Co</u> County		MARYLAND	
Date of death <u>1908</u> Month <u>Jan</u>		Day <u>4</u> Years <u>25</u>		Months <u>11</u>	Days <u>2 n 20</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Baltimore</u>	
Occupation <u>Tanner</u>		Where Residing if not at place of death <u>S.W. cor of Henderson &amp; First St</u>			
Married, Single or Widowed. <u>Married</u>		Name of Wife or Husband <u>Jessie Benner</u>			
Father's Name <u>Jos. Benner</u>		Father's Birthplace <u>Phia.</u>			
Mother's Maiden Name <u>Catharine R Roberts</u>		Mother's Birthplace <u>Va.</u>			
Name of person giving information <u>Catharine R Benner</u>		How related to deceased <u>Mother</u>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER  
1

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>7 mos</u>
Immediate	<u>Stricture of Esophagus &amp; Exhaustion</u>	How long	<u>15 minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Geo. L. Quax MD</u>	
<u>No</u>		Address <u>3rd &amp; North Highland Ave</u>	
Accident or Suicide? <u>No</u>			

Wm Cook

502 E North Ave

Tuesday

Name  
In  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Bertha Bigger</i>		Town <i>Highlandtown</i>		County <i>Bath</i>		MARYLAND	
Died-at <i>Highlandtown</i>		Month <i>1</i>		Day <i>22</i>		Years <i>—</i>	
Date of death <i>1908</i>		Month <i>1</i>		Day <i>22</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Years <i>—</i>		Days <i>19</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Md.</i>		Mother's Birthplace <i>Md.</i>	
Fether's Name <i>John B. Bigger</i>		Mother's Maiden Name <i>Mary Moerschell</i>		Name of person giving information <i>John B. Bigger</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

157

PHYSICIAN  
OR CORONER

Primary <i>Premature birth</i>		How long <i>—</i>	
Immediate <i>Inanition</i>		How long <i>since birth</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. J. A. Slantz</i>	
Accident or Suicide? <i>—</i>		Address <i>41. Eastern Ave. E.</i>	

5<sup>th</sup> Ger. Rep. Com.

Wernig & Son

1/23/68

Name  
in  
Full

Dorothea Burkfeld

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Canton* TownCounty *Baldwin*

MARYLAND

Date of death *1908* Month *January*Day *12*Age *70* YearsMonths *2*Days *2*Sex *Female*Color or  
Race *White*Birth-  
place *Saxtons Germany*Occupation *Sexton*Where Residing if not  
at place of deathMarried, Single  
or Widowed *Widow*Name of Wife or  
Husband *August Burkfeld*Father's  
Name *Dont know*Father's  
Birthplace *Dont know*Mother's  
Maiden Name *Wenkel*Mother's  
Birthplace *" "*Name of person giving  
In formation *Lora Bockelman*How related  
to deceased *daughter*

## CAUSES OF DEATH

(10)

Primary *Capillary Bronchitis following S. Typhi* How long *about 2 weeks*Immediate *Asphyxia in respiration*How long *about 2 days*Are the name, age, sex, color, date  
and place correctly given above? *yes*Signature of  
Physician *Hammonds*Address *Canton, Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER

(1)

H Sanders & Son  
Jm Carroll County

---



Name  
in  
Full

Gerrard Bowers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Towson TownBalti. CountyDate of death 1908 / 1 / 26 Age 70 Months 4 Days 6Sex Male Color or Race white Birth-place Towson Balt. Co.Occupation House Painter Where Residing if not at place of death TowsonMarried, Single or Widowed Married Name of Wife or Husband Mary J. BowersFather's Name John Bowers Father's Birthplace Balti. Co.Mother's Maiden Name Soretta Althier Mother's Birthplace Balti. Co.Name of person giving information Mary J. Bowers How related to deceased Wife

## CAUSES OF DEATH

120

Primary Disease of Kidneys and Heart How long three yearsImmediate Coma from suppression of urine How long two daysAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician J. H. Janet M.D.Address Towson

Accident or Suicide?

John Burns Sons  
Prospect Hill  
Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bare Hills</i> Town <i>Baltimore</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>27</i>	Age <i>41</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balt. Co</i>	Months <i>—</i> Days <i>—</i>
Occupation <i>Home</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Richard Bright</i>	Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Rebecca Placoch</i>	Mother's Birthplace <i>Balt. Co.</i>		
Name of person giving information <i>Mary V. Bright</i>	How related to deceased <i>Niece</i>		

## CAUSES OF DEATH

How long

How long

Primary *Lobar Pneumonia**2 days*Immediate *Heart failure**4 hours*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

*C. H. Beeton*

Address

*Port Washington*

Accident or Suicide?

McKendree  
Cemetery

Name  
in  
Full

CERTIFICATE OF DEATH

Mary Brown

MARYLAND

Died at <i>Cockeysville</i> Town		<i>Bolton</i> County			
Date of death	<i>1908</i>	Month	<i>Jan</i>	Day	<i>3</i>
Age	<i>73</i>	Years		Months	<i>4</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ireland</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>James Brown</i>		
Father's Name	<i>Thos Coomer</i>			Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>Mary Coomer Kunk</i>			Mother's Birthplace	<i>Ireland</i>
Name of person giving information	<i>Mrs G. Hoffmeyer</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

95

PHYSICIAN  
OR CORONER

Primary	<i>Asth. Leading to lung</i>	How long	<i>Oct. 3 months</i>
Immediate	<i>Congestion of lungs</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. B. B. Bausan</i>
		Address	<i>Cockeysville Md</i>
Accident or Suicide?			

Interment at Teyar  
Cemetery Monday  
Jan 6<sup>th</sup> 11

M. C. Brooks

Name  
in  
Full

Grover Preston Bull

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

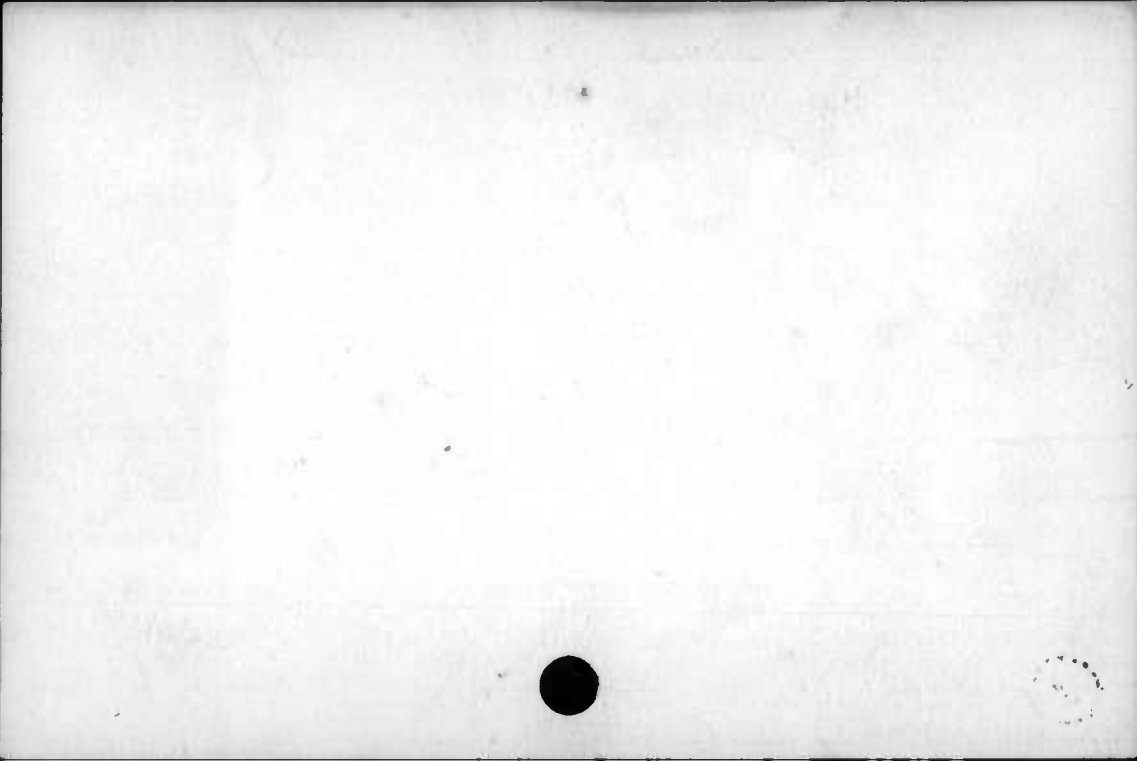
Died at		Town <i>Parkton</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1908	Month <i>Jan</i>	Day <i>1</i>	Age <i>1</i>	Years	Months <i>9</i>	Days <i>28</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth- place <i>Parkton, Md.</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Howard C Bull</i>			Father's Birthplace <i>Mt. Carmel Md.</i>				
Mother's Maiden Name <i>Lula Thompson</i>			Mother's Birthplace <i>Eova Ind.</i>				
Name of person giving In formation <i>Howard C Bull</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER  
1

Primary <i>Intestinal Obstruction</i>	How long <i>2-3 days</i>
Immediate <i>General Failure</i>	How long <i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A.R. Mitchell,</i>
	Address <i>Monkton, Md.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Peach Bryant*  
*Hulls ville* <sup>Town</sup>*Baltimore* <sup>County</sup>

MARYLAND

Date  
of death *1908 Jan*Day  
*20*Age  
*none*Months  
*4*Days  
*11*Sex  
*female*Color or  
Race  
*Colored*Birth-  
place  
*Hulls ville*Occupation  
*none*Where Residing if not  
at place of death  
*—*Married, Single  
or Widowed  
*Infant.*Name of Wife or  
Husband  
*—*Father's  
Name  
*Henry Bryant*Father's  
Birthplace  
*Baltimore*Mother's  
Maiden Name  
*Clara Riley*Mother's  
Birthplace  
*Hulls ville*Name of person giving  
In formation  
*Henry Bryant.*How related  
to deceased  
*father*

## CAUSES OF DEATH

*179*Primary  
*Congenital Debility*How long  
*4 months.*Immediate  
*Heart Disease*How long  
*5 minutes.*Are the name, age, sex, color, date  
and place correctly given above? *yes.*Signature of  
Physician  
*Dr. W. W. Winters.*Address  
*W. W. Winters.*

Accident or Suicide?

*Incl.*PHYSICIAN  
OR CORONER*1*

Wm A. Elliott  
Mt. Auburn

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mrs. Chas. Ball*

Died at *Balto. Co. Annapolis* <sup>Town</sup> *Annapolis* <sup>County</sup> *MARYLAND*

Date of death *1908* <sup>Month</sup> *1* <sup>Day</sup> *16* <sup>Years</sup> *Age 81* <sup>Months</sup> *0* <sup>Days</sup> *0*

Sex *Female* Color or Race *Colored* Birth-place *Unknown*

Occupation *Unknown* Where Residing if not at place of death *Unknown*

Married, ~~Single~~ *Widowed* Name of Wife or Husband *Chas. Ball*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Chas. Ball* How related to deceased *Husband*

## CAUSES OF DEATH

10

PHYSICIAN  
FOR CORONER

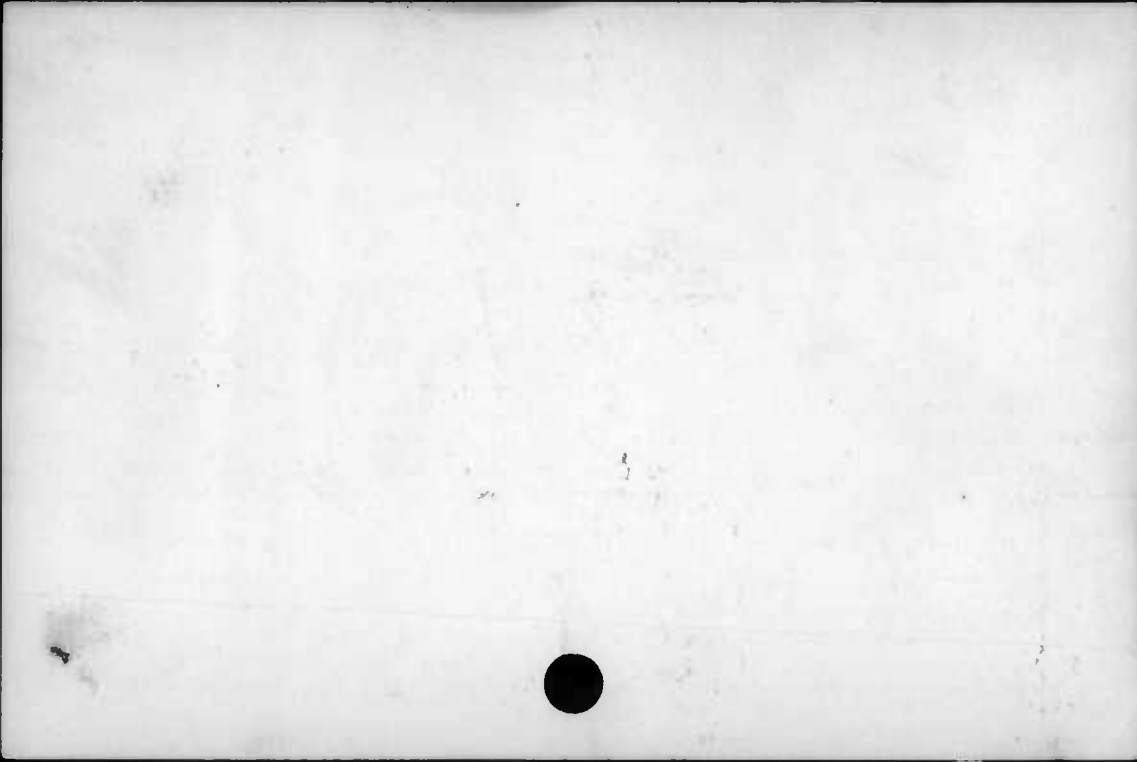
Primary *La Grippe* How long *3 days*

Immediate *La Grippe* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Dr. Thos. C. Russell*

Address *Pexas Md.*

Accident or Suicide? *No*



Name

in  
Full

Eliza Anna Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *St Denis* Town *Bolton C* County *MARYLAND*

Date of death *1908* Month *January* Day *8* Age *48* Years Months Days

Sex *female* Color or Race *white* Birth-place *Maryland*

Occupation *housewife* Where Residing if not at place of death *resided at place of death*

Married, Single or Widowed *Widow* Name of Wife or Husband *Walter Carroll*

Father's Name *George Blouklime* Father's Birthplace *Germany*

Mother's Maiden Name *Not Known* Mother's Birthplace *America*

Name of person giving information *Agnes M Carroll* How related to deceased *Daughter*

## CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

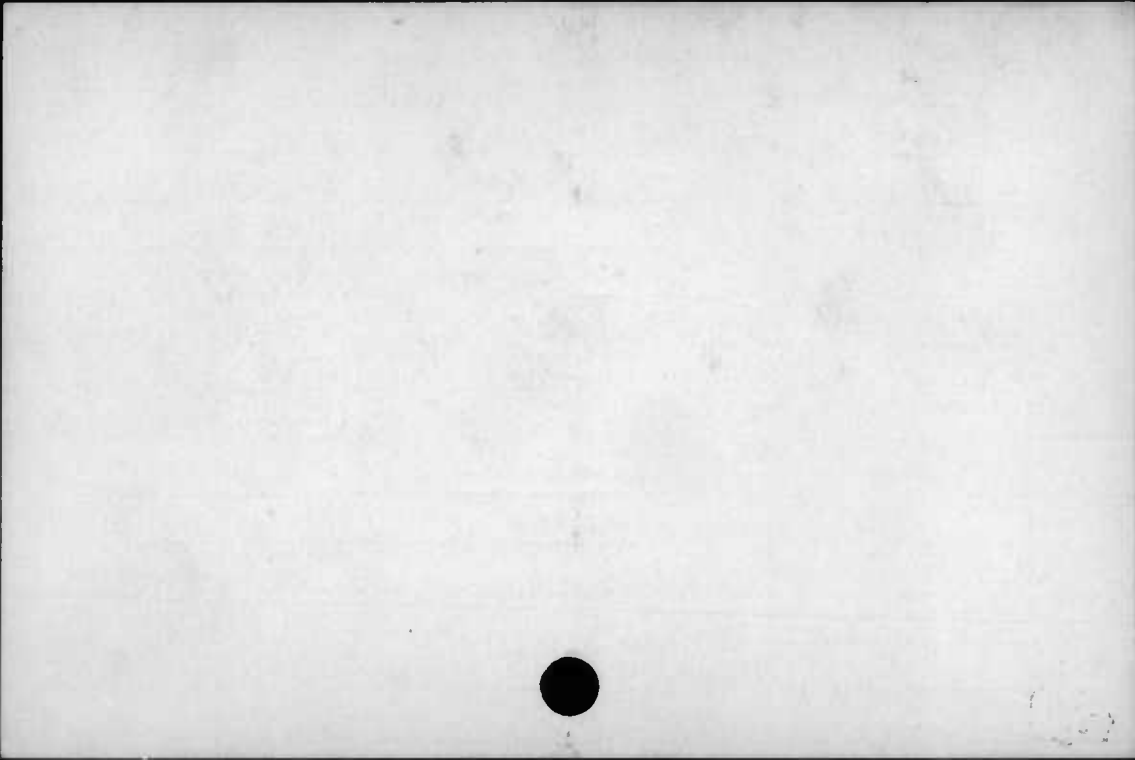
Primary *Cancer involving all abdominal organs* How long *six months*

Immediate *same* How long *same*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Arthur Williams*

Address *Elkridge Md*

Accident or Suicide? *no*



Name  
in  
Full

CERTIFICATE OF DEATH

*Amranda Cavender*

MARYLAND

Died at *Hydramtown*

County *Balto*

Date of death *1908*

Month *1*

Day *10*

Age *67*

Years

Months

Days

Sex *Female*

Color or Race *White*

Birth-place *Id*

Occupation

Where Residing if not at place of death

Married, Single or Widowed *widow*

Name of Wife or Husband *James Cavender*

Father's Name *not known*

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information *Mrs Annie Gessner*

How related to deceased *niece*

CAUSES OF DEATH

Primary *Lobar Pneumonia*

How long *1 week*

Immediate *Senile Debility*

How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Jas L. Gressner*

Address *3 and 4th*

Accident or Suicide? *No*

*Hydramtown Md*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*1*

Mr. Carmel Lem  
Herington  
1/12/08



Name  
in  
Full

Wm Clark of J

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Catonsville

Date

Month

Day

Years

Months

Days

of death 1908

January

10

Age

67

Sex

Male

Color or  
Race

White

Birth-  
place

Don't know

Occupation

Retired Merchant

Where Residing if not  
at place of death

Chestersburg Md

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

don't know Christian name

Father's  
Name

not known

Father's  
Birthplace

not known

Mother's  
Maiden Name

not known

Mother's  
BirthplaceName of person giving  
In formation

Taken from admission papers

How related  
to deceased

## CAUSES OF DEATH

64

Primary

Hemiplegia

How long

Several years

Immediate

Cerebral Hemorrhage

How long

a few months

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Richard F. Hinder M.D.

Address

Catonsville Md

Accident or Suicide? No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
CORONER



Name  
in  
Full

Adelbert H Clements

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cella Town Balto County . MARYLAND

Date of death 1908 Month Jan Day 14 Age 27 Years 6 Months no Days

Sex Male Color or Race White Birth-place Maryland

Occupation Coachman Where Residing if not at place of death Cella

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name John C Clements Father's Birthplace Maryland

Mother's Maiden Name Mary E. Potts Mother's Birthplace Maryland

Name of person giving information John C Clements How related to deceased Father

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary Lobar pneumonia 2 days How long

Immediate hyperpnea How long 6 hrs

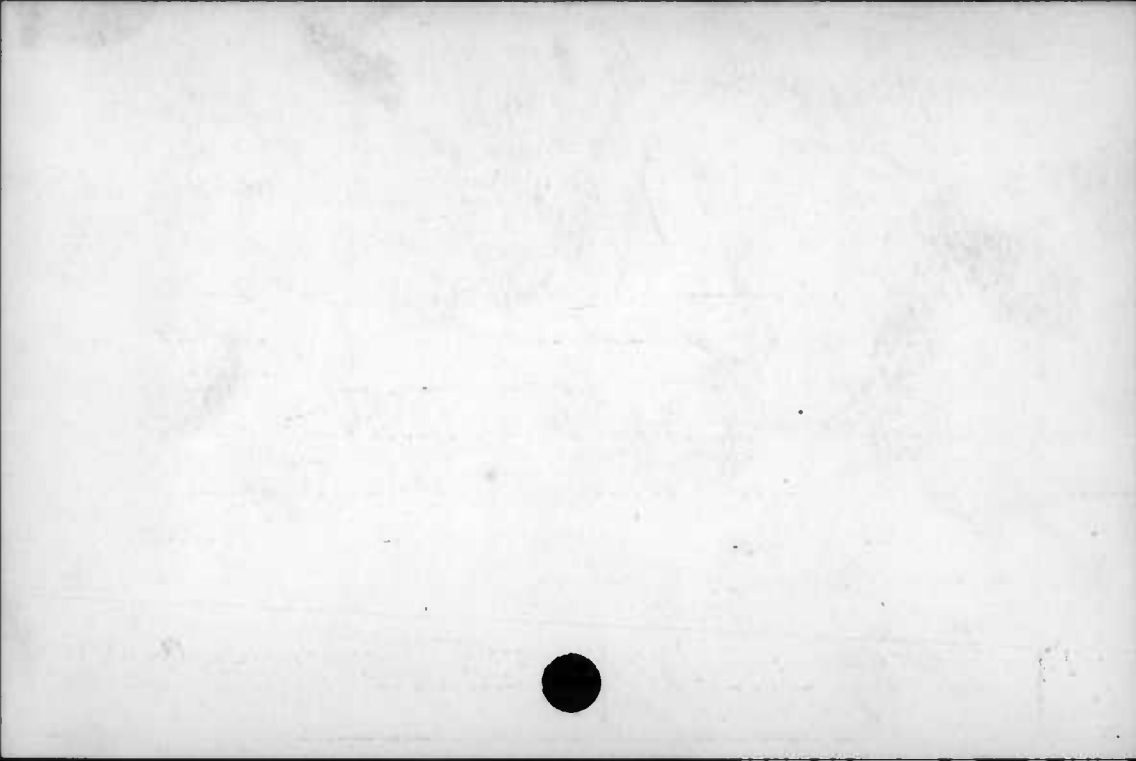
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician H.C. Smith

Address Ellicott City

1

Accident or Suicide?





Mt Laurel Penn.

Jan 27/907.

Wm Cook

502 E. Larkaw

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

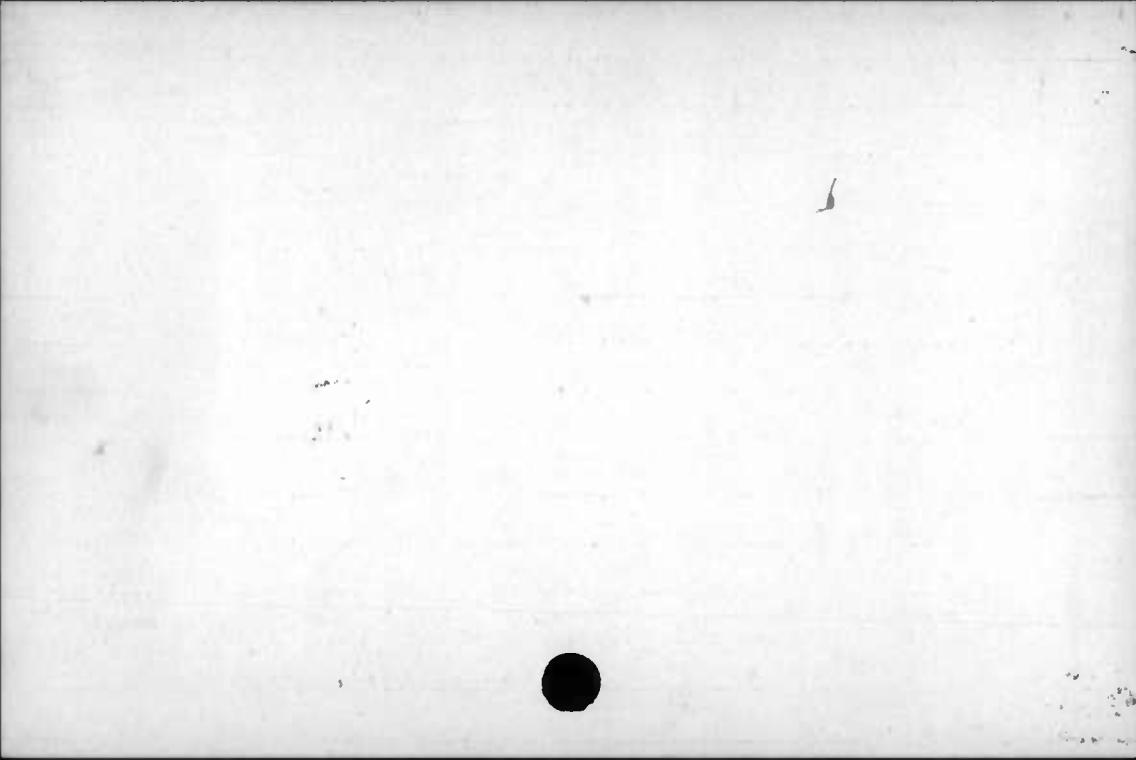
Died at <i>Wilmington</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	1	Day	28
Age	40	Years		Months	1
Sex	Male	Color or Race	White	Birth place	Camell, Md
Occupation	fireman		Where Residing if not at place of death <i>Wilmington Md</i>		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary J. Criswell		
Father's Name	Price H. Criswell		Father's Birthplace	Camell, Md	
Mother's Maiden Name	Susanna Hoffmann		Mother's Birthplace	Camell, Md	
Name of person giving information	Mrs Mary Criswell		How related to deceased	Wife	

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Double Pneumonia</i>	How long	<i>1 week.</i>
Immediate	<i>Dyspnea.</i>	How long	<i>2 day.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>W. L. S. [Signature]</i>
		Address	<i>Baltimore</i>
Accident or Suicide?			





Name  
in  
Full

Caroline Croce

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Higlandton		County Baltimore		MARYLAND	
Date of death		1902	Month July	Day 19 <sup>th</sup>	Age —	Years —	Months —
Sex Female		Color or Race White		Birth- place Baltimore		Days 1 hour	
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name Guenter Croce				Father's Birthplace Italy			
Mother's Maiden Name Annie Beh				Mother's Birthplace Baltimore			
Name of person giving In formation Guenter Croce				How related to deceased Husband			

## CAUSES OF DEATH

150

PHYSICIAN  
OR CORONERPrimary  
Congenital Deform HeartHow long  
—

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

C. A. P. H. E. Y.

Accident or Suicide?

---

John A. Moran,  
Sacred Heart  
Cemetery.

Jan. 20<sup>th</sup>. / 1908.

---

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John T. Cune</i>		Town <i>Wt Washington</i>		County <i>Balt</i>		MARYLAND							
Died at		Date of death <i>1908</i>		Month <i>1</i>		Day <i>26</i>		Age Years <i>61</i>		Months <i>4</i>		Days <i>13</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Ind.</i>									
Occupation <i>Labour</i>		Where Residing if not at place of death											
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Cune</i>											
Father's Name <i>John R Cune</i>		Father's Birthplace <i>Ind</i>											
Mother's Maiden Name <i>Elizabeth Snowbry</i>		Mother's Birthplace <i>Ind</i>											
Name of person giving In formation <i>Mary Cune</i>		How related to deceased <i>wife</i>											

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Interstitial Nephritis</i>	How long	<i>2 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>4-8 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician <i>C H Beuten</i>		Address <i>Wt Washington</i>	
Accident or Suicide?			

A. S. Marshall  
3539 Falls Road

So. Broadway.

Jan. 28-1908

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *W. James C. Crummett*

Town

County

Died at *Sunnybrook*

*Baltimore*

MARYLAND

Date  
of death *1908*

Month

Day

Age

Years

Months

Days

Sex

*Male*

Color or  
Race

*Colored*

Birth-  
place

*Sunnybrook*

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

*John Crummett*

Father's  
Birthplace

*Pa*

Mother's  
Maiden Name

*Liza Crummett*

Mother's  
Birthplace

*Ind*

Name of person giving  
In formation

*John Crummett*

How related  
to deceased

*Brother*

CAUSES OF DEATH

*(91)*

Primary

*Catarrah*

How long

*3 days*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

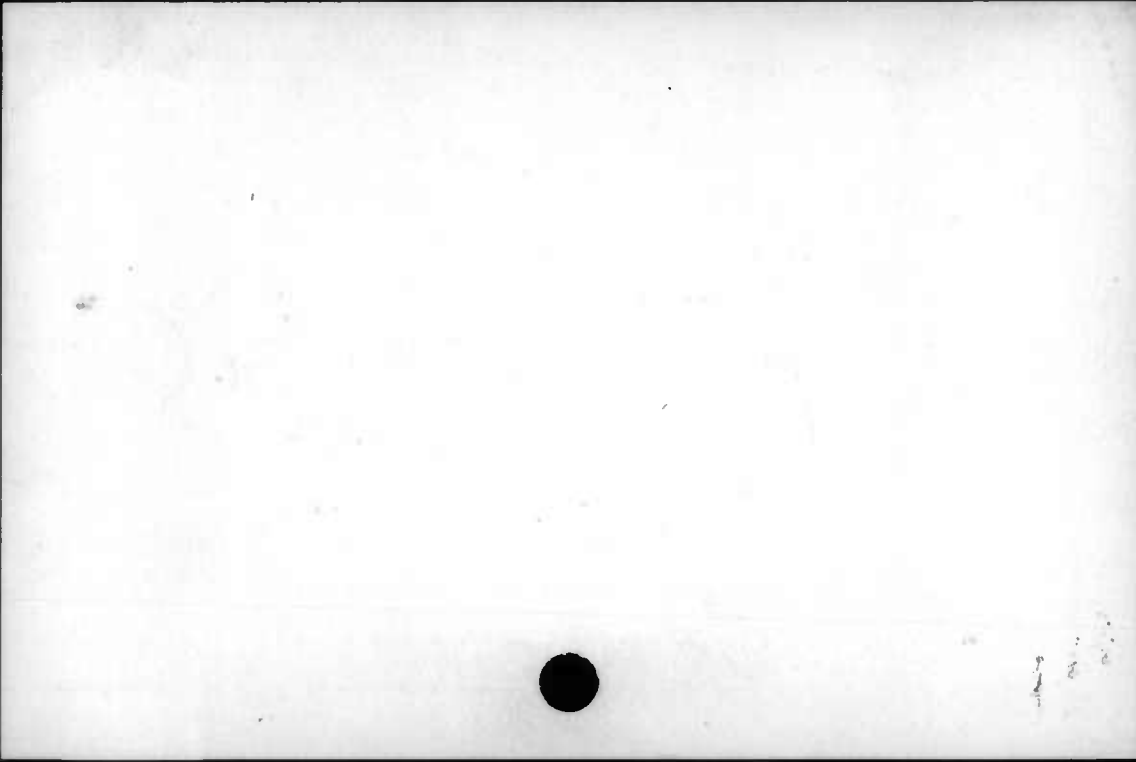
Signature of  
Physician

Address

*J. P. Payne, M.D.  
Sunnybrook  
Ind.*

Accident or Suicide?

*—*



Name in Full *Rebecca Cusack*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Mt Hope Retreat</i> Town <i>Baltimore</i> County			
Date of death <i>1908 Jan.</i> Month <i>14</i> Day <i>52</i> Age <i>52</i> Years	Months <i>not known</i> Days <i>not known</i>		
Sex <i>Female</i>	Color or Race <i>White</i>	Birth place <i>Ireland</i>	
Occupation <i>Religious</i>	Where Residing if not at place of death <i>New York City</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>not known</i>	Father's Birthplace <i>not known</i>		
Mother's Maiden Name <i>" "</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Rebecca Mt Hope Retreat</i>	How related to deceased <i>not at all</i>		

CAUSES OF DEATH

**68**

PHYSICIAN  
OR CORONER

Primary <i>Mania acute</i>	How long <i>abt 6 wks</i>
Immediate <i>Ex Cerebral Congestion</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery M.D.</i>
	Address <i>Mt Hope Retreat</i>
	<i>Mt Hope Ind.</i>
Accident or Suicide? <i></i>	





Name  
in  
Full

Flora Deitrich

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

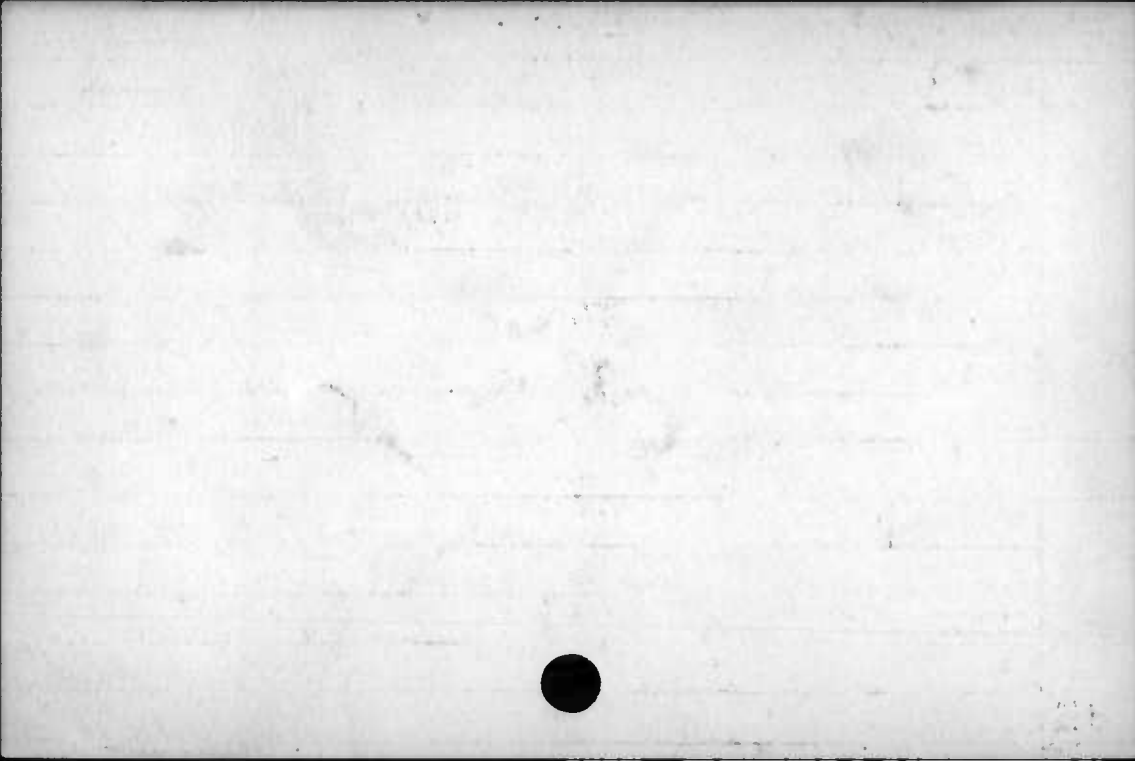
Died at <i>Heights</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>2</i>	Age	Years	Months <i>22</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>237 Lermiton Ln</i>		
Occupation			Where Residing if not at place of death <i>237 Lermiton Ln</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Celestine Deitrich</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Flora King</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Yvonne Schuler</i>		How related to deceased			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>3 days</i>
Immediate <i>Conjestion Lungs</i>	How long <i>Ten times</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. W. Dancy M.D.</i>
	Address <i>804 Banker Ex</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

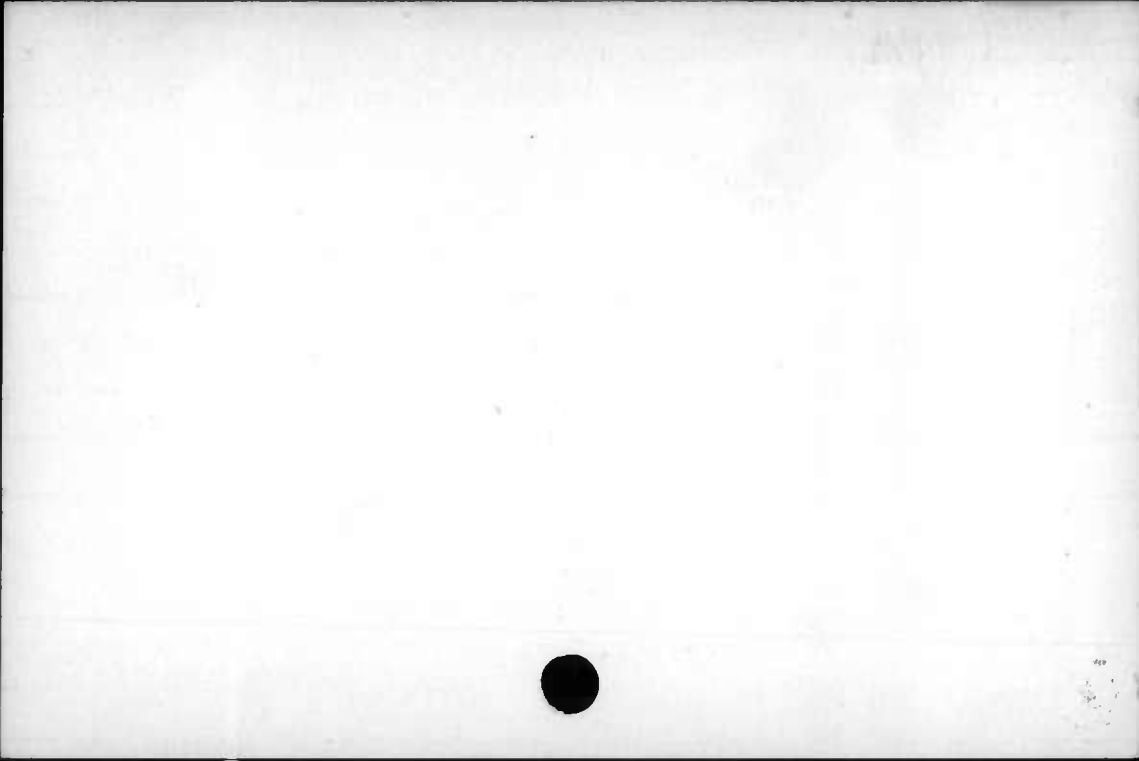
Died at <i>Fort</i> Town		<i>Ball</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>20</i>	Age <i>71</i>	Months <i>3</i>	Days <i>✓</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Amanda Doehler</i>				
Father's Name <i>Matthew Doehler</i>	Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Barbara Doehler</i>	How related to deceased <i>wife</i>				
Name of person giving information <i>Amanda Doehler</i>					

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>Gr. Infl.</i>	How long <i>9 days</i>
Immediate <i>Congestion Lungs</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. F. H. Gresham</i>
	Address <i>Fort &amp; Mel</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Emma Blumner Dohrne

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Roland Park		Baltimore		MARYLAND	
Date of death		1908	January	25	Age	36	7 Months 23 Days
Sex	Female		Color or Race	white		Birth-place	New York
Occupation	Lady		Where Residing if not at place of death				
Married, Single or Widowed	married		Name of Wife or Husband	Alfred R L Dohrne			
Father's Name	George Blumner					Father's Birthplace	Germany
Mother's Maiden Name	Dorothea Lauterbach					Mother's Birthplace	do
Name of person giving information	Alfred R. L. Dohrne					How related to deceased	Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever		How long	31 days
Immediate	Intestinal Ulcers & have 8 days ago. My ocantid digestion		How long	8 days -
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	M. L. L. L. L. L.
			Address	Roland Park, Md.
Accident or Suicide?		No		

Please grant permit  
for London Park by Co  
funeral Monday  
Stewart Mourner Co  
1-26/08

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>James Dougherty</i>		Town <i>Canton</i>		County <i>Baltimore</i>		MARYLAND			
Died at		Date of death		Age		Months		Days	
		<i>1908 Jan. 1</i>		<i>43</i>		<i>6</i>		<i>29</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>					
Occupation <i>Laborer</i>		Where Residing if not at place of death <i></i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>							
Father's Name <i>James Dougherty</i>		Father's Birthplace <i>Maryland</i>							
Mother's Maiden Name <i>Mary Fitzpatrick</i>		Mother's Birthplace <i>Ireland</i>							
Name of person giving information <i>Annie Kelly</i>		How related to deceased <i>Sister</i>							

## CAUSES OF DEATH

93

PHYSICIAN  
& CORONER

Primary

*Pneumonia*

How long

*7 days*

Immediate

*Toxemia*

How long

*3-*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*M. J. McAvoy*  
*1839 S. Canton*  
*Baltimore Md*

Accident or Suicide?

D. Mc Arroy  
St Patrick's Cem.  
H. Sander Home



Name  
in  
Full

Richard H. Steinning

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

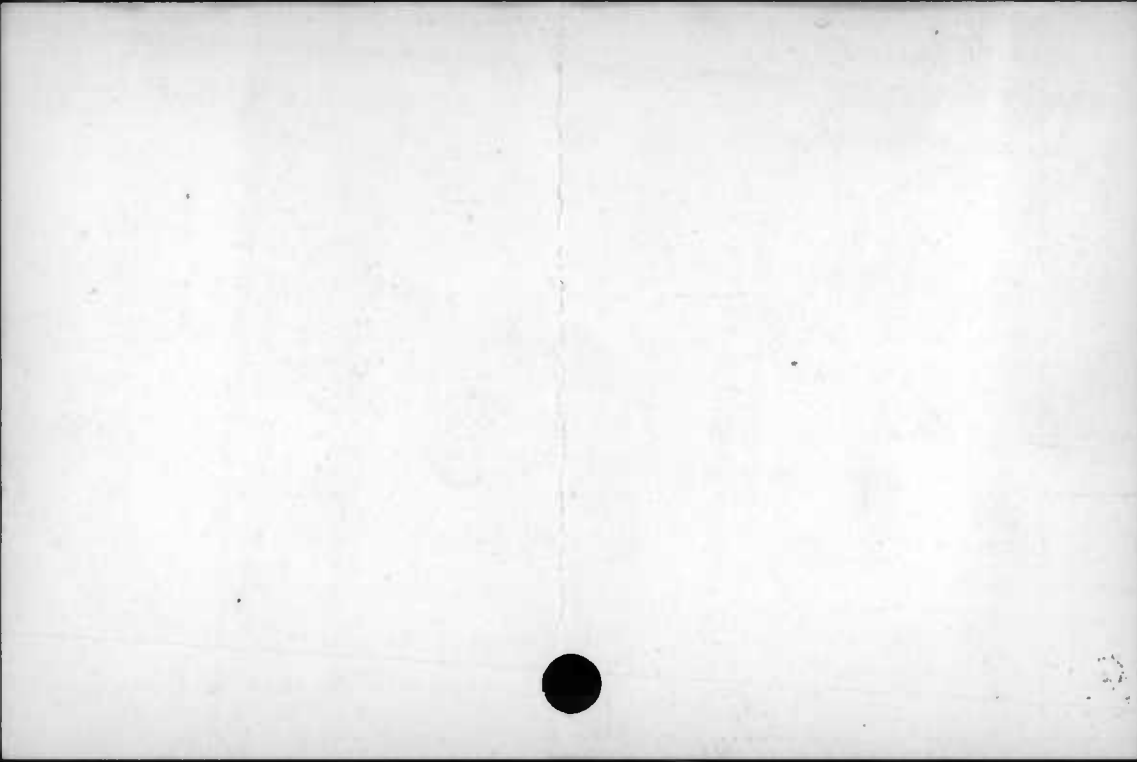
Died at <i>Catoxville</i> Town			County <i>Baltimore</i>			MARYLAND			
Date <del>Year</del> of death <i>1908</i>		Month <i>Jan</i>		Day <i>8</i>		Years <i>70</i>		Months	Days
Sex <i>male</i>			Color or Race <i>White</i>			Birth-place <i>Pa</i>			
Occupation <i>Merchant</i>				Where Residing if not at place of death <i>Myrtlewood York Co Pa</i>					
Married, <del>Single</del> <i>Single</i>				Name of Wife or Husband <i>Not Known</i>					
Father's Name <i>Don't Know</i>						Father's Birthplace <i>Don't Know</i>			
Mother's Maiden Name <i>Don't Know</i>						Mother's Birthplace <i>Don't Know</i>			
Name of person giving information <i>got it from Patience when I got 2 days in</i>						How related to deceased			

## CAUSES OF DEATH

Primary <i>Conspicuous (Faeal)</i>	How long <i>One week</i>
Immediate <i>Oedema Larynx</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Catoxville</i>
Accident or Suicide? <i>No</i>	

PHYSICIAN  
OR CORONER

1



Name  
is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Elizabeth Edelmann</i>		Town <i>Highlandtown</i>		County <i>Bullo</i>		State <i>MARYLAND</i>	
Died at		Month <i>July</i>		Day <i>16<sup>th</sup></i>		Age <i>48</i>	
Date of death <i>1908</i>		Years <i>48</i>		Months <i>-</i>		Days <i>-</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jos B. Edelmann</i>					
Father's Name <i>Jos B. Bey</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Jos B. Edelmann</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>		How long <i>1 1/2 years</i>	
Immediate <i>General Acute Nephritis</i>		How long <i>6 mos</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. H. Khey</i>	
Address <i>—</i>			
Accident or Suicide? <i>—</i>			

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Wendell Dippell

Sacred Heart

Jan 20<sup>th</sup> / 05.

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Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary J. Egan* Town *Piscataway* County *Bachman* MARYLAND

Died at *Piscataway*

Date of death *1908* Month *January* Day *11* Age *Unknown* Years Months Days

Sex *Female* Color or Race *White* Birth place *Bachman Md*

Occupation *None* Where Residing if not at place of death *Piscataway Md.*

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Danue Egan* Father's Birthplace *Md.*

Mother's Maiden Name *Stachan* Mother's Birthplace *Unknown*

Name of person giving information *J. F. Bynum* How related to deceased *Not at all*

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary *Hepatitis* How long *Unknown.*

Immediate *"* How long *several weeks.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. E. M.* Address *Piscataway Md.*

Accident or Suicide?

Byrne

New Cathedral

E. A. Byrne

Name  
in  
Full

*Amos Ferry*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leesport Md</i>		County <i>Balt-</i>		STATE <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>30</i>	Years <i>3</i>	Months	Days
Sex <i>Female</i>	Color of Race <i>White</i>	Birth-place <i>Leesport Md</i>			
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Dan Ferry</i>			Father's Birthplace <i>Leesport Md</i>		
Mother's Maiden Name <i>Mary Morris</i>			Mother's Birthplace <i>Balt-</i>		
Name of person giving information <i>Dan Ferry</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

*85*

PHYSICIAN  
OR CORONER

Primary <i>Scalding w/rd Boiling</i>	How long <i>2 months</i>
Immediate <i>Purpura Hemorrhagica</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. V. Bailey</i>
	Address <i>Leesport Md</i>
Accident or Suicide? <i>-</i>	

Interment at Texas  
on Sunday Feb 2<sup>nd</sup>

W. C. Brooks



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Arlington</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>21</i>	Age <i>6</i>	Months <i>2</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Arlington, Md</i>		
Occupation <i>_____</i>			Where Residing if not at place of death <i>Arlington, Md</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>			
Father's Name <i>C. E. Fitzsimmons</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary Murphy</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Thomas Fitzsimmons</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>4 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. T. Hendrick</i>
	Address <i>5th E. City</i>
Accident or Suicide? <i>1</i>	

WILLIAM H. HANLEY & SONS,  
Funeral Directors & Embalmers

606 & 608 W. LaFayette Ave.

TELEPHONE 1993.

*New Cathedral Cemetery*

Name  
in  
Full

## CERTIFICATE OF DEATH

Grace Foote

Town

County

Died at

Lutherville

Baltimore

MARYLAND

Date

of death

1908

Month

January

Day

14

Age

Years

45

Months

1

Days

1

Sex

Female

Color or  
Race

Colored

Birth-  
place

Balt. City

Occupation

House wife

Where Residing if not  
at place of death

Lutherville

Married, Single  
or Widowed

Married

Name of ~~Wife~~ or  
Husband

Wm. Foote

Father's  
Name

Wm. Chase

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Eliza Brown

Mother's  
Birthplace

Maryland

Name of person giving  
In formation

William Foote

How related  
to deceased

Husband

## CAUSES OF DEATH

93

Primary

Pneumonia

How long

Six days

Immediate

Heart Failure

How long

Five minutes

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Wm. L. Smith

Address

Rider

Md

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1

Felix B. Pyk

Bar Hill Cemetery in Bathin  
County N. S. Green

Name  
in  
Full

Levinia Frederick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

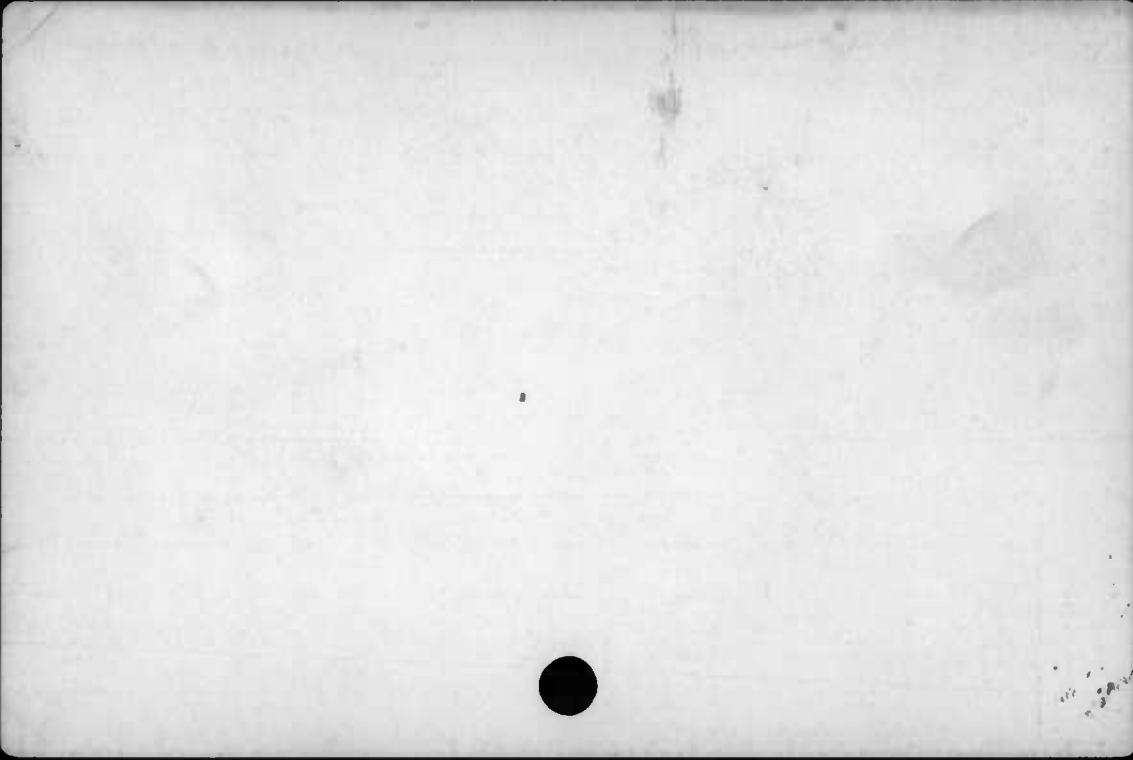
Died at <i>Parkton</i> Town		<i>Balto</i> County		MARYLAND	
Date of death <i>1908</i> Month <i>11</i> Day <i>29</i> Age <i>74</i> Years		Months <i>3</i>		Days <i>8</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Shadric Frederick</i>				
Father's Name <i>John Cooper</i>	Father's Birthplace <i>Parkton, Md.</i>				
Mother's Maiden Name <i>Johna Tracy</i>	Mother's Birthplace <i>Parkton, Md.</i>				
Name of person giving Information <i>Charles Frederick</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

98

PHYSICIAN  
OR  
CORONER

Primary <i>Chronic Pulmonary Emphysema</i>	How long <i>Ten years</i>
Immediate <i>Acute Bronchitis</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. de V. H.</i>
	Address <i>Parkton, Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mrs Elizabeth Jane Fritz</i>		Town <i>Morris</i>		County <i>Baltimore</i>		STATE <b>MARYLAND</b>	
Died at <i>Morris</i>		Month <i>Jan</i>		Day <i>17</i>		Years <i>69</i>	
Date of death <i>1908</i>		Months <i>2</i>		Days <i>26</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wrightsville Pa</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single <i>Widow</i>		Name of Wife or Husband <i>The late Jacob Fritz</i>					
Father's Name <i>John Peters</i>		Father's Birthplace <i>York Pa</i>					
Mother's Maiden Name <i>Susan Fry</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Mrs A. Kidd</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>8 Years</i>
Immediate <i>Exhaustion. Emaciation</i>	How long <i>3 Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr B. B. Benson</i>
	Address <i>Cracksville Md</i>
Accident or Suicide? <i>No</i>	

Funeral at Poplar  
Tuesday Jan 21

M. C. Brooks

Please send presents &  
believe yours Very Truly.

M. C. B.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

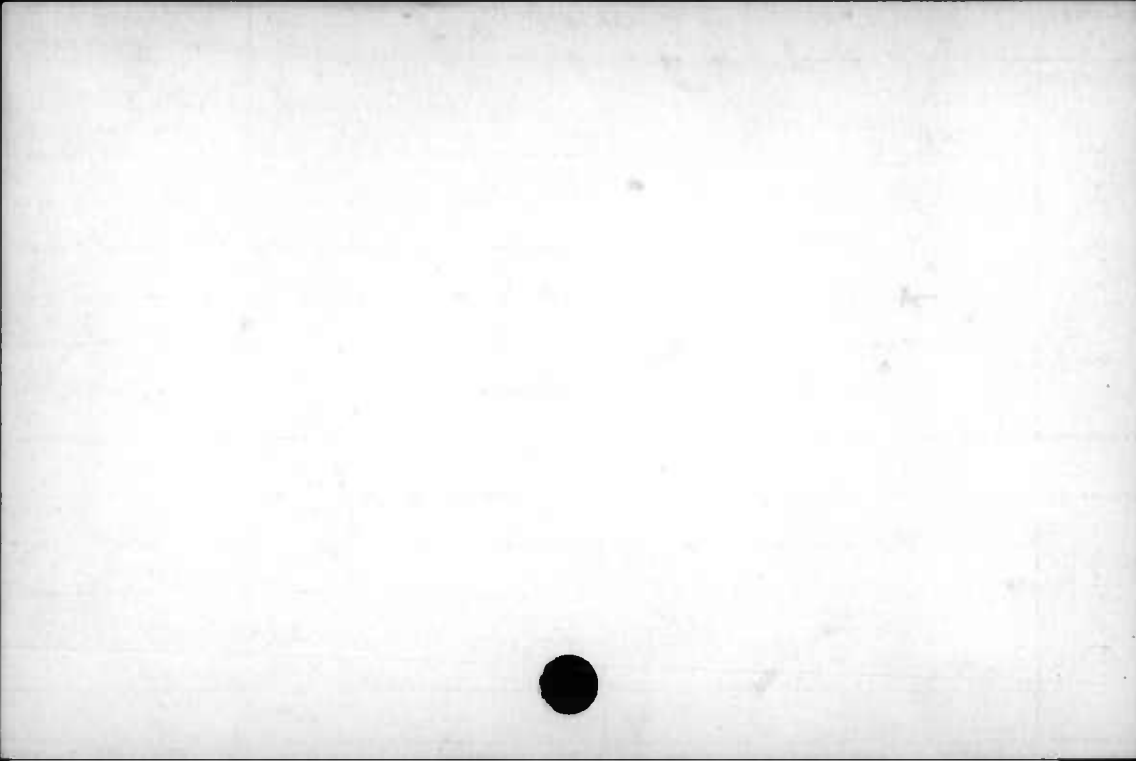
Died at <i>Boring</i> Town		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>9</i>	Age <i>74</i>	Months <i>10</i>	Days <i>14</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Louisa Fry</i>				
Father's Name <i>Richard Fry</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Ann Louisa Thompson</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Harry Briggs</i>	How related to deceased <i>none</i>				

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>Influenza</i>	How long
Immediate <i>bronch pneumonia</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Gas. H. Wilson M.D.</i>
	Address <i>Fowblebury Md</i>
Accident or Suicide?	



Name  
In  
Full

Joseph Le-Roy Junk

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Highlandtown</b> Town		<b>Booths</b> County		MARYLAND	
Date of death <b>1908</b>	Month <b>1</b>	Day <b>3</b>	Age <b>6</b>	Years <b>6</b>	Months <b>—</b>
Sex <b>male</b>	Color or Race <b>white</b>		Birth-place <b>md.</b>		
Occupation <b>none</b>		Where Residing if not at place of death <b>—</b>			
Married, Single or Widowed <b>—</b>		Name of Wife or Husband <b>—</b>			
Father's Name <b>Joseph J. Junk</b>		Father's Birthplace <b>md.</b>			
Mother's Maiden Name <b>Carmabel Weitzel</b>		Mother's Birthplace <b>md.</b>			
Name of person giving information <b>Joseph J. Junk</b>		How related to deceased <b>Father.</b>			

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <b>Acute Gastritis</b>	How long <b>24 hrs.</b>
Immediate <b>Convulsion</b>	How long <b>1/2 hour.</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes.</b>	Signature of Physician <b>J. A. Glantz</b>
	Address <b># 41 Eastern Ave. - Ed.</b>
Accident or Suicide?	

H. Sanders & Son  
New Carroll

Name  
in  
Full

Elizabeth Geiser

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

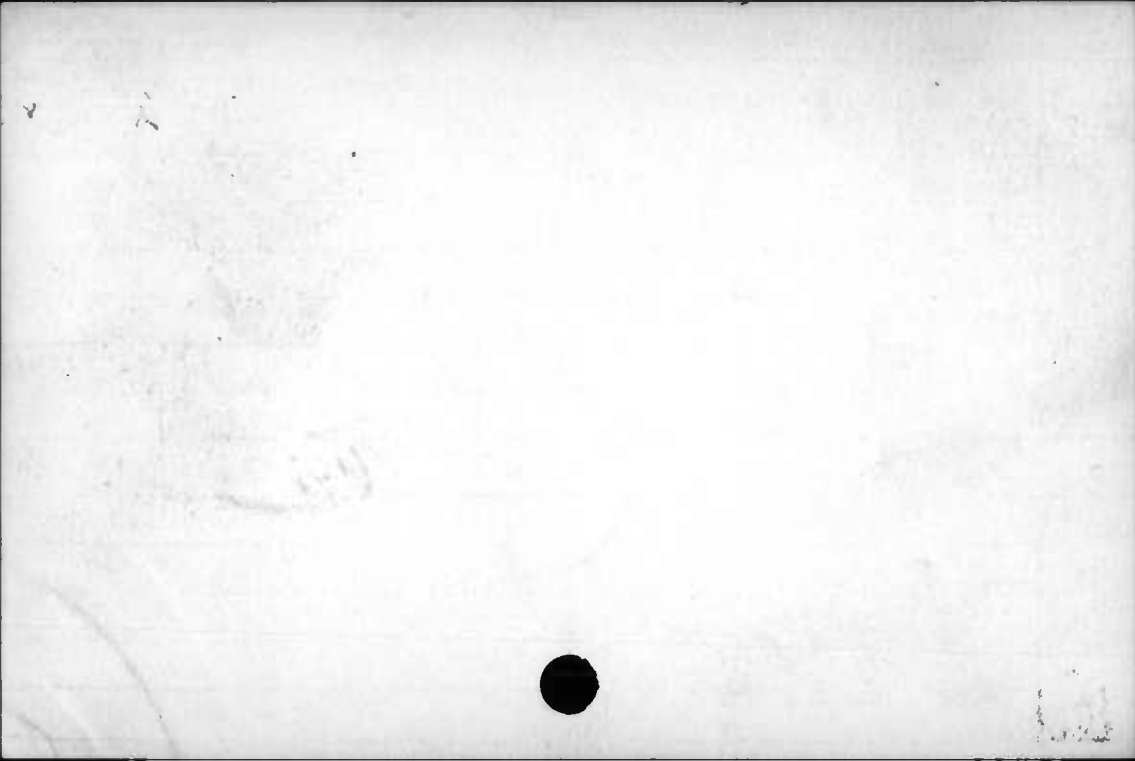
Died at <u>Possville</u> <sup>Town</sup>		<u>Baile</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1908</u> <sup>Year</sup>	<u>Jan</u> <sup>Month</sup>	<u>17</u> <sup>Day</sup>	Age <u>35</u> <sup>Years</sup>	<u>-</u> <sup>Months</sup>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Possville</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>George Geiser</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>George Geiser</u>	How related to deceased <u>Husband</u>				

## CAUSES OF DEATH

(40)

PHYSICIAN  
OR CORONER

Primary	<u>Gastric Cancer</u>	How long <u>2 years</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>W. W. W.</u>
		Address <u>Possville Ind.</u>
Accident or Suicide?		



Name  
in  
Full

Mary Elizabeth Gent

## CERTIFICATE OF DEATH

Died at *Corbett* *Balto.*

MARYLAND

Date of death *1908* Month *Jan* Day *21* Age *66* Months DaysSex *Female* Color or Race *white* Birth-place *Balto. Co*Occupation *Housewife* Where Residing if not at place of deathMarried, Single or Widowed *widowed* Name of Wife or Husband *Alfred Gent (dead)*Father's Name *John B Holmes* Father's Birthplace *Balto Co*Mother's Maiden Name *Jana Hutchins* Mother's Birthplace *Orange Co*Name of person giving information *Lula B Payne* How related to deceased *Daughter*

## CAUSES OF DEATH

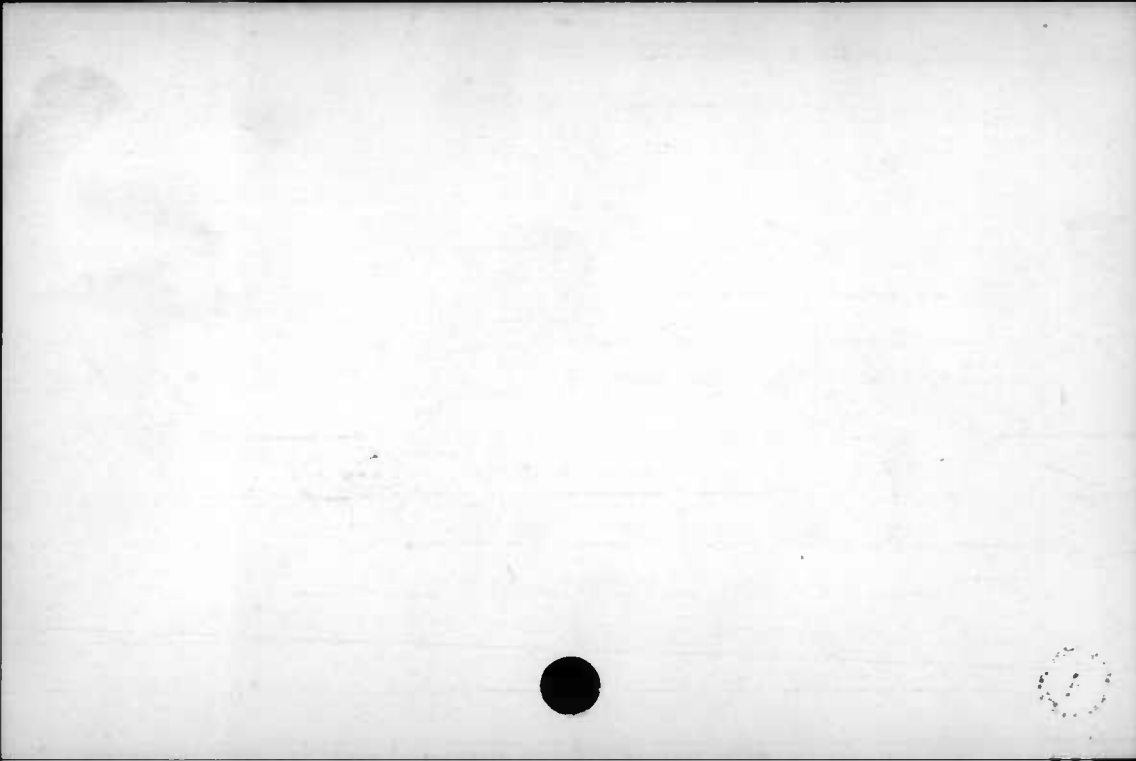
40

Primary *Carcinoma of stomach* How long *6 mos.*

Immediate How long

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. B. Payne*Address *Corbett*Accident or Suicide? *No*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1





Name  
in  
Full

Unnamed Gibson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Ches <sup>Town</sup> Baet <sup>County</sup>

Date of death 1908 <sup>Month</sup> Jan <sup>Day</sup> 30 Age — <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> —

Sex Male Color or Race White Birth-place —

Occupation — Where Residing if not at place of death —

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

James Gibson

Father's  
Birthplace

Md

Mother's  
Maiden Name

Catherine Bryer

Mother's  
Birthplace

Md

Name of person giving  
Information

James Gibson

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Still Birth

How long

—

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

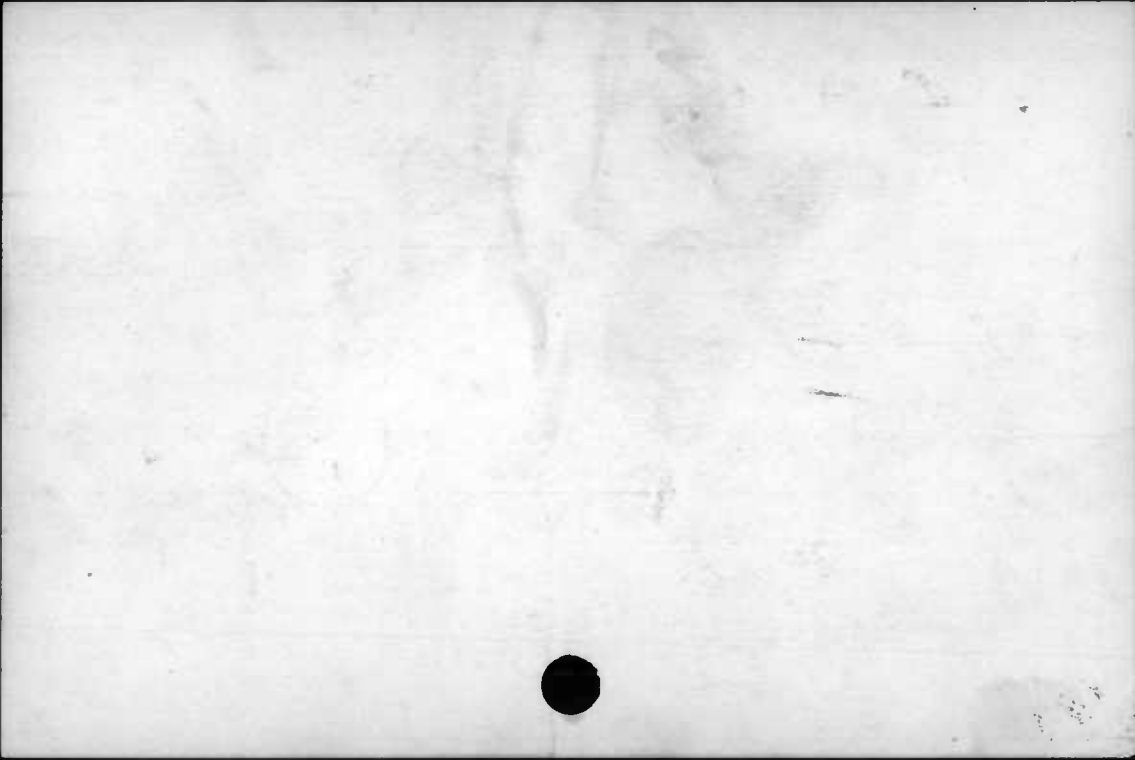
Signature of  
Physician

Address

C. V. Meares  
Rossuells

Accident or Suicide?

Md



Name  
in  
Full

## CERTIFICATE OF DEATH

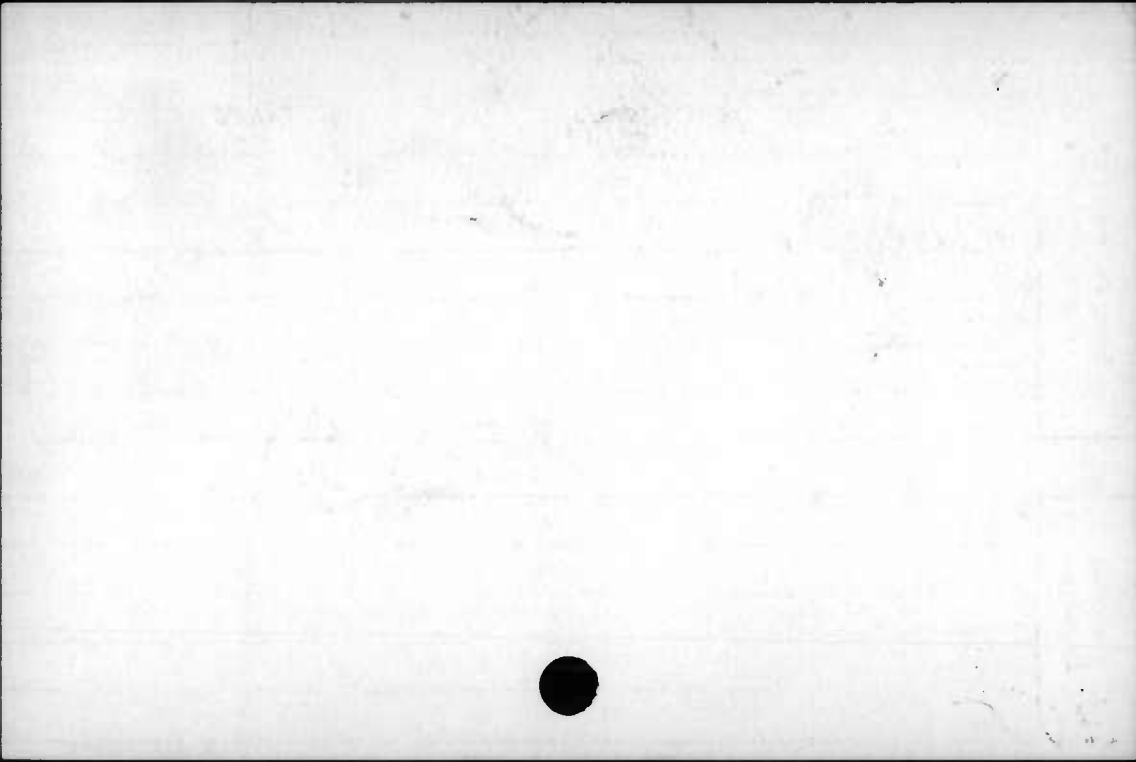
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cub Hill</i> Town		County <i>Balto</i>		MARYLAND	
Date of death <i>1908 Jan</i>	Month <i>Jan</i>	Day <i>7</i>	Age <i>75</i>	Months <i>✓</i>	Days <i>✓</i>
Sex <i>male</i>	Color or Race <i>Black</i>	Birth-place <i>mt Balt</i>			
Occupation <i>Hostler</i>	Where Residing if not at place of death <i>1311 Orleans St</i>				
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Martha J. Giles</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>John W. Giles</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH :

PHYSICIAN  
OR CORONER

Primary <i>Atherosclerosis</i>	How long <i>2 days</i>
Immediate <i>Heart failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. F. H. Gorsech</i>
	Address <i>Fork Mt</i>
Accident or Suicide? <i>✓</i>	



Name  
in  
Full

Susan A. Gilland.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Carmy</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND		
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>22<sup>nd</sup></i>	Age	<i>30</i>	Years	Months <i>0</i>	Days <i>25</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Carmy</i>	
Occupation				Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband					
Father's Name	<i>Abraham Gilland</i>					Father's Birthplace	<i>Baltimore</i>	
Mother's Maiden Name	<i>Mary A. Crosby</i>					Mother's Birthplace	<i>Calvert Co</i>	
Name of person giving information	<i>Marjorie Gilland</i>					How related to deceased	<i>Mother</i>	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>six months</i>
Immediate	<i>Asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. J. Harrison</i>
		Address	<i>Lock Raven</i>
Accident or Suicide?			

Entertainment

Dukes Palace

Cermy

Bolto co

Geo, W, Grammer  
undertaker

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John H Cinnamon

Died at Dickeyville Pa County

MARYLAND

Date of death 1908 Jan 3 Age 36 Months 6 Days 10

Sex Male Color or Race White Birth-place Dickeyville

Occupation Carpenter Where Residing if not at place of death Dickeyville

Married, Single or Widowed Married Name of Wife or Husband Mary A Cinnamon

Father's Name John H Cinnamon Father's Birthplace Dickeyville

Mother's Maiden Name Mary A Henley Mother's Birthplace Dickeyville

Name of person giving information Richard J Henley How related to deceased Brother-in-law

## CAUSES OF DEATH

34

Primary Tuberculosis of Kidney Bladder and Lung How long 1 year  
Immediate Recto-Venigal Fistula and Hemorrhage How long 2 months

Are the name, age, sex, color, date and place correctly given above?

Yes

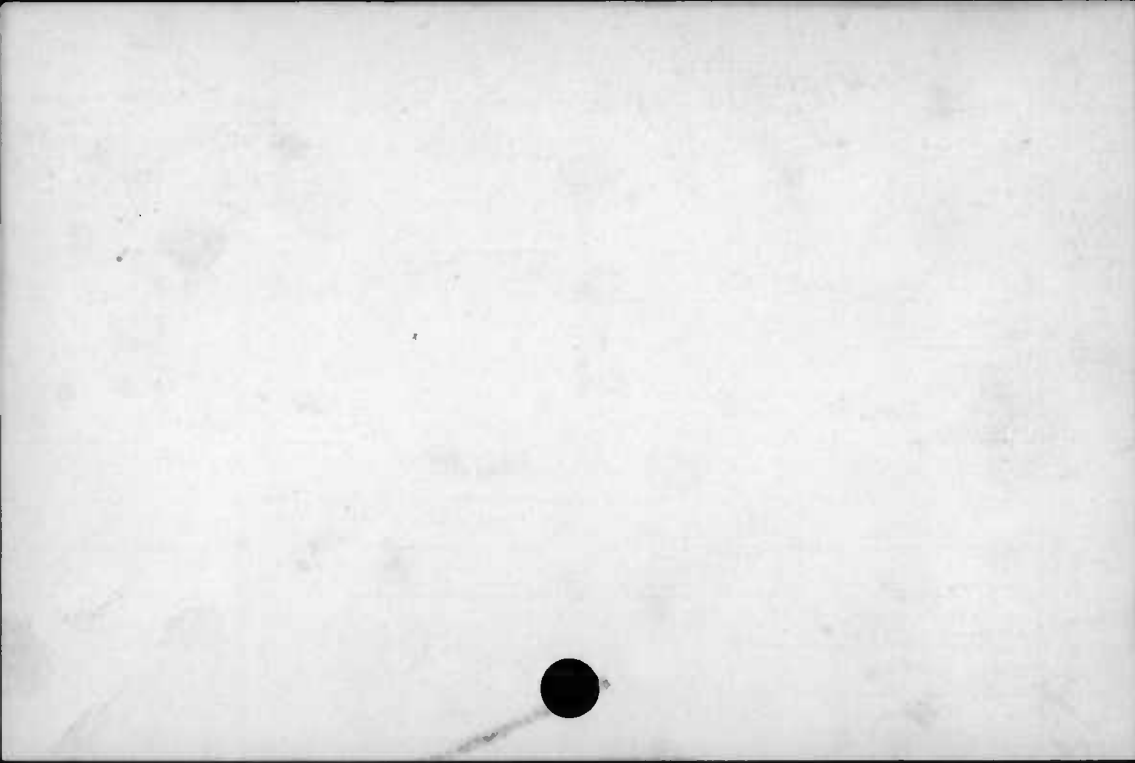
Signature of Physician

Address

A. C. Cinnamon  
Woodlawn Sta.  
Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

Michael Goeb

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	Jan.	Day	14
Age		57		Years	
Sex		Male		Color or Race	White
Occupation		Carpenter		Birth-place	Germany
Where Residing if not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband	<i>Barbara Jonas Goeb</i>	
Father's Name	<i>Sebastian Goeb</i>		Father's Birthplace	Germany	
Mother's Maiden Name	<i>Barbara Wähler</i>		Mother's Birthplace	Germany	
Name of person giving information	<i>Barbara Goeb</i>		How related to deceased	Wife	

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary	<i>Arterio Sclerosis - Plethoric</i>		How long	<i>About one year.</i>
Immediate	<i>Cerebral hemorrhage</i>		How long	<i>5 days.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>	Signature of Physician	<i>W. H. McClanahan M.D.</i>
		Address	<i>618 S. Clinton St.,</i>	
Accident or Suicide?				

Sacred Heart Cemetery

Jan. 17<sup>th</sup> 1908

Germanus Franer

Undes later

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Groves</u> Town		<u>Balto</u> County		MARYLAND	
Date of death	1908	Month	Jan	Day	27
Age	62	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Md.
Occupation	Farmer		Where Residing if not at place of death <u>Groves</u>		
Married, Single or Widowed	Widowed	Name of Wife or Husband	<u>Amelia Green</u>		
Father's Name	<u>Erich Green</u>			Father's Birthplace	Md.
Mother's Maiden Name	<u>Elissia Pierce</u>			Mother's Birthplace	
Name of person giving information	<u>J. W. Leukhoff.</u>			How related to deceased	<u>Son in law</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Cardiac Dilatation</u>	How long	<u>12 years.</u>
Immediate	<u>Loss of Compensation</u>	How long	<u>6 weeks.</u>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Address	
		<u>H. C. Hessel</u>	
Accident or Suicide?		<u>Neither</u>	
		<u>Sta. N (Groves) Balto, Md.</u>	

Parkton N.C.

Jan 29/08

Wm. L. Goff

502 E. Market St.

Name  
in  
Full

Baby. Ray.

Greene

## CERTIFICATE OF DEATH

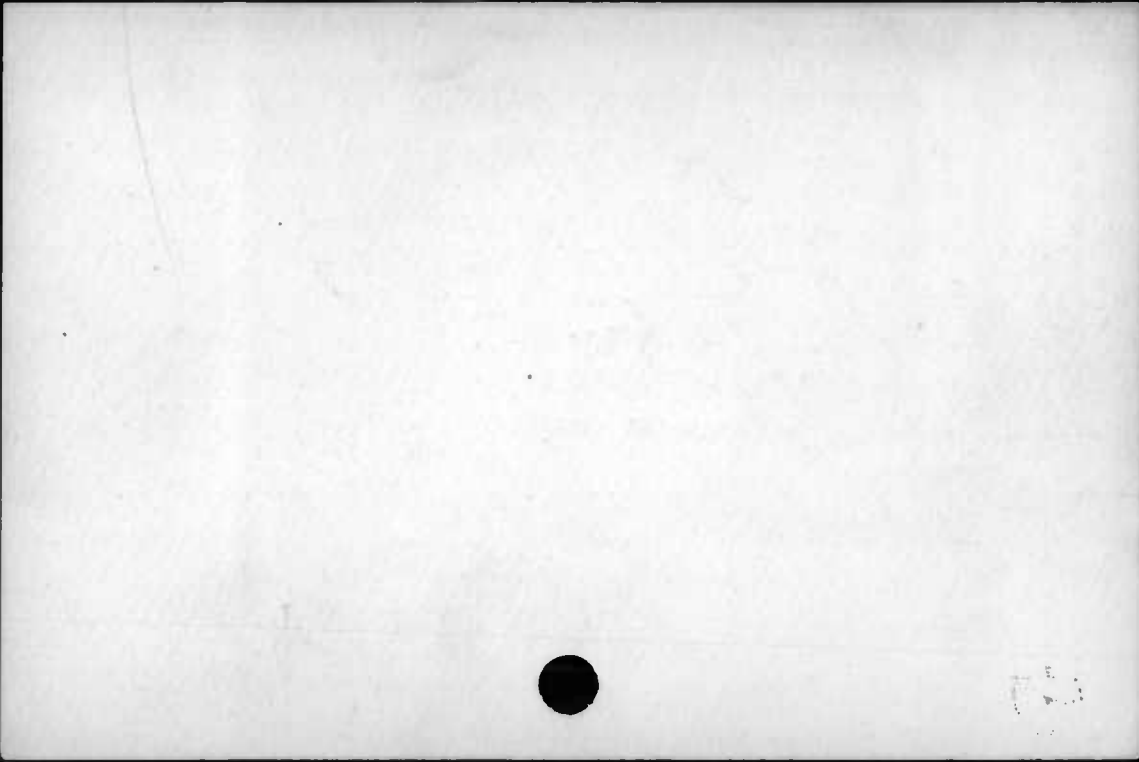
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Catonsville</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>Jan</u> <small>Month</small>	<u>8</u> <small>Day</small>	Age <u>6 mos</u> <small>Years</small>	<u>in</u> <small>Months</small>	<u>utero</u> <small>Days</small>
Sex <u>female</u>	Color or Race <u>Colored</u>		Birth-place <u>Catonsville</u>		
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Reubin Greene</u>	<u>Greene</u>		Father's Birthplace <u>Ellicott City</u>		
Mother's Maiden Name <u>Jeroldine Ray</u>			Mother's Birthplace <u>Balto Co</u>		
Name of person giving information <u>Reubin Greene</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>6 mos chik in utero</u>	How long <u>—</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Marshall B West</u>
	Address <u>Catonsville</u>
	<u>and</u>
Accident or Suicide?	



Name  
in  
Full

Magdalena Gress

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Benton</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan.</i>	Day <i>12</i>	Age <i>62</i>	Years	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Wd</i>			
Occupation <i>Housework</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Herman Gress</i>				
Father's Name <i>Jacob Wilhelm</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>don't know</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Katie Gress</i>	How related to deceased <i>daughter</i>				

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>La Grippe malignant form</i>	How long <i>abt 8 days</i>
Immediate <i><del>Heart attack</del> + Cardiac insufficiency</i>	How long <i>abt 1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes so</i>	Signature of Physician <i>A. H. Hargrave</i>
	Address <i>Canton + Hill St</i>
Accident or Suicide?	

Sacred Heart Cemetery

Jan. 15<sup>th</sup> 1908

Germicus Franer

Uncle later



Name  
In  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

August Griffith

Town *Highland* County *Baltimore*

MARYLAND

Died at *Highland* Date of death *1908* Month *1* Day *7* Age *8* Years Months *7* Days

Sex *Male* Color or Race *White* Birth-place *Baltimore*

Occupation *None* Where Residing *1014 3rd St.*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Joseph W Griffith* Father's Birthplace *Md*

Mother's Maiden Name *Catherine Beck* Mother's Birthplace *Md*

Name of person giving information *Catherine Beck* How related to deceased *Mother*

CAUSES OF DEATH

*47*

PHYSICIAN  
OR CORONER

Primary *Chenelozym* How long *2 months*

Immediate *Heart came worse* How long *1 month*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Edw Danney M.D.*

*Yes*

Address *304 Banker Exp*

Accident or Suicide?

Holy Redeemer

Henry Jon

1/9/08

Name  
in  
Full

*Mary Ann Hawley.*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harrisonville</i> Town		<i>Balto.</i> County		MARYLAND	
Date of death 190 <i>8</i> .	Month <i>Jan.</i>	Day <i>10</i> .	Age <i>73</i>	Months <i>05</i> .	Days <i>14</i> .
Sex <i>Female.</i>	Color or Race <i>White.</i>	Birth-place <i>Ireland.</i>			
Married, Single or Widowed <i>Widowed.</i>	Occupation				
Name of Wife or Husband <i>Thomas Hawley.</i>					
Father's Name <i>_____</i>			Father's Birthplace <i>_____</i>		
Mother's Maiden Name <i>_____</i>			Mother's Birthplace <i>_____</i>		
Name of person giving information <i>Michael Hawley.</i>			How related to deceased <i>Son.</i>		

CAUSES OF DEATH

**93**

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia.</i>	How long <i>Two weeks.</i>
Immediate <i>Exhaustion &amp; suffocation.</i>	How long <i>Twenty-four hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Wm. M. Haw. M.D.</i>
	Address <i>Harrisonville Md.</i>
Accident or Suicide? <i>_____</i>	

A. S. Marshall

3539 Falls Road.

Holy Family Church

Jan 17-1908

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Town</i> <i>Harrisonville</i> <i>County</i> <i>Balto.</i>		MARYLAND	
Date of death 190 <i>8.</i>	Month <i>Jan.</i>	Day <i>4.</i>	Age <i>75.</i>
Sex <i>Male.</i>	Color or Race <i>White.</i>	Birth-place <i>Ireland.</i>	Months <i>4.</i>
Married, <del>Single</del> or Widowed <i>Married.</i>	Occupation <i>Farmer.</i>		
Name of Wife or Husband <i>Mary Ann Stanley.</i>			
Father's Name <i></i>		Father's Birthplace <i></i>	
Mother's Maiden Name <i></i>		Mother's Birthplace <i></i>	
Name of person giving Information <i>Michael Stanley.</i>		How related to deceased <i>Son.</i>	

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia.</i>	How long <i>One week.</i>
Immediate <i>Exhaustion + Suffocation.</i>	How long <i>One day.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Wm. H. March, M.D.</i>
	Address <i>Harrisonville Balto. Co. Md.</i>
Accident or Suicide? <i></i>	

G. S. Marshall  
3539 Falk Road.  
Funeral Director.

Name  
in  
Full

Mary H. Heaps

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Wet Hope Retreat</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>	
Date of death	1908	Month	Jan	Day	22 <sup>nd</sup>
Age	77	Years		Months	not known
Sex	Female	Color or Race	White	Birth-place	Balto - Md
Occupation	House Keeper		Where Residing if not at place of death <i>Balto Md -</i>		
Married, Single or Widowed	Widow		Name of Wife or Husband <i>not known</i>		
Father's Name	not known			Father's Birthplace	not known
Mother's Maiden Name	" "			Mother's Birthplace	" "
Name of person giving information	<i>Recd. of Int Hope</i>			How related to deceased	<i>not at all</i>

## CAUSES OF DEATH

68

PHYSICIAN  
OR CORONER

Primary	<i>Senile Mania</i>	How long	<i>3 or 4 yrs</i>
Immediate	<i>Ex - hypertensive Congest Lungs</i>	How long	<i>24 hrs -</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		
Signature of Physician	<i>Frank J. Flannery</i>		
Address	<i>Wet Hope Retreat</i>		
	<i>Wet Hope Md.</i>		
Accident or Suicide?	<i>no</i>		

111



111





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName *Henry James Hebb*  
Town *Randallstown* County *Baltimore*

MARYLAND

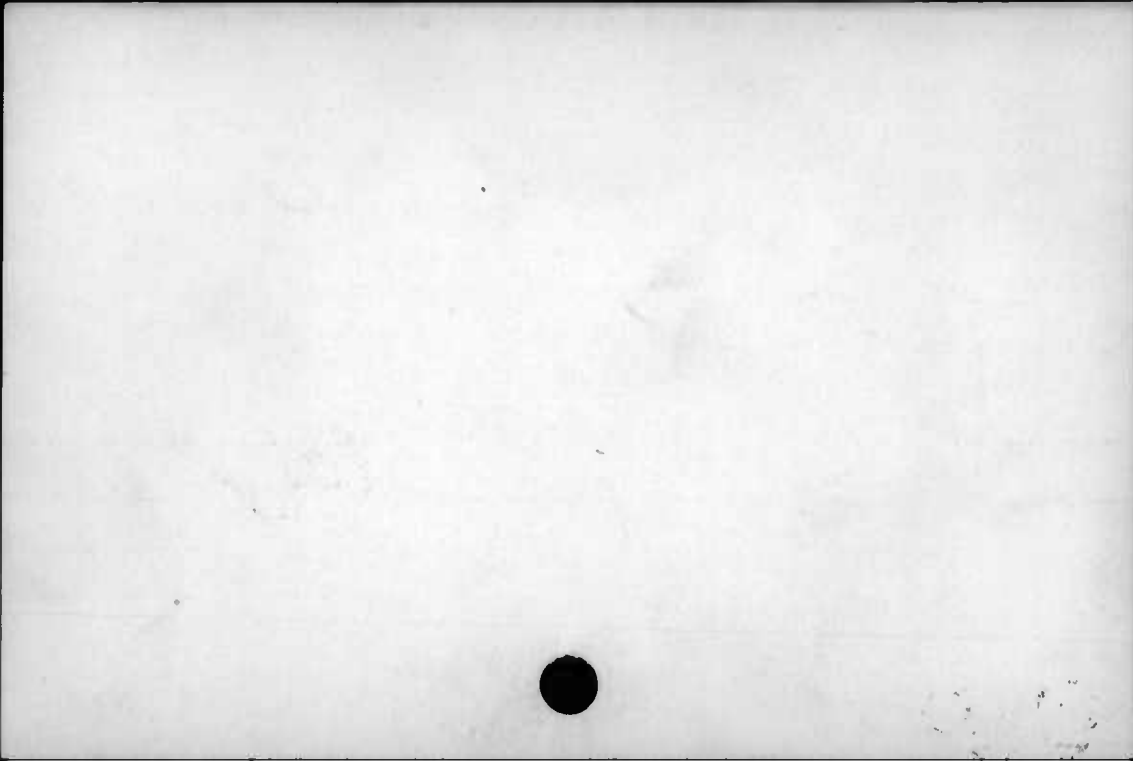
Died at *Randallstown*  
Date of death *1-90* Month *January* Day *10* Years *66* Months *---* Days *5*Sex *Male* Color or Race *White* Birth-place *St Marys County*Occupation *Physician* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Phebe Hebb*Father's Name *Thomas Hebb* Father's Birthplace *St Marys County*Mother's Maiden Name *Don't know* Mother's Birthplace *Not known*Name of person giving information *Phebe Hebb* How related to decedent *Wife*

## CAUSES OF DEATH

120

Primary *Chronic Nephritis* How long *8 years*  
Immediate *Oedema of Lungs* How long *48 hrs*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. J. B. Soper*Address *Roslyn Baltimore*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John Heinzelmanner</i>		Town <i>Fullerton (Putty Hill)</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Fullerton</i>		Month <i>1</i>		Day <i>12</i>		Years <i>60</i>	
Date of death <i>1908</i>				Age <i>60</i>		Months <i></i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Germany</i>			
Occupation <i>Minister</i>		Where Residing if not at place of death <i>Fullerton</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elisabeth</i>					
Father's Name <i>Otto Heinzelmanner</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Emma von Gallus</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving In formation <i>Elisabeth Heinzelmanner</i>		How related to deceased <i>his wife</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Interstitial Nephritis + Myocarditis</i>	How long <i>Many years.</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>Unknown. I saw the case yesterday for first time.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. L. Wilkinson</i>
	Address <i>Roseburg Ind.</i>
Accident or Suicide? <i>Neither</i>	

Entenament St Petter, Count  
Julenton Belau Road

Geo W Grammer  
undertaker

Name  
in  
Full

Wm E. Herbert

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

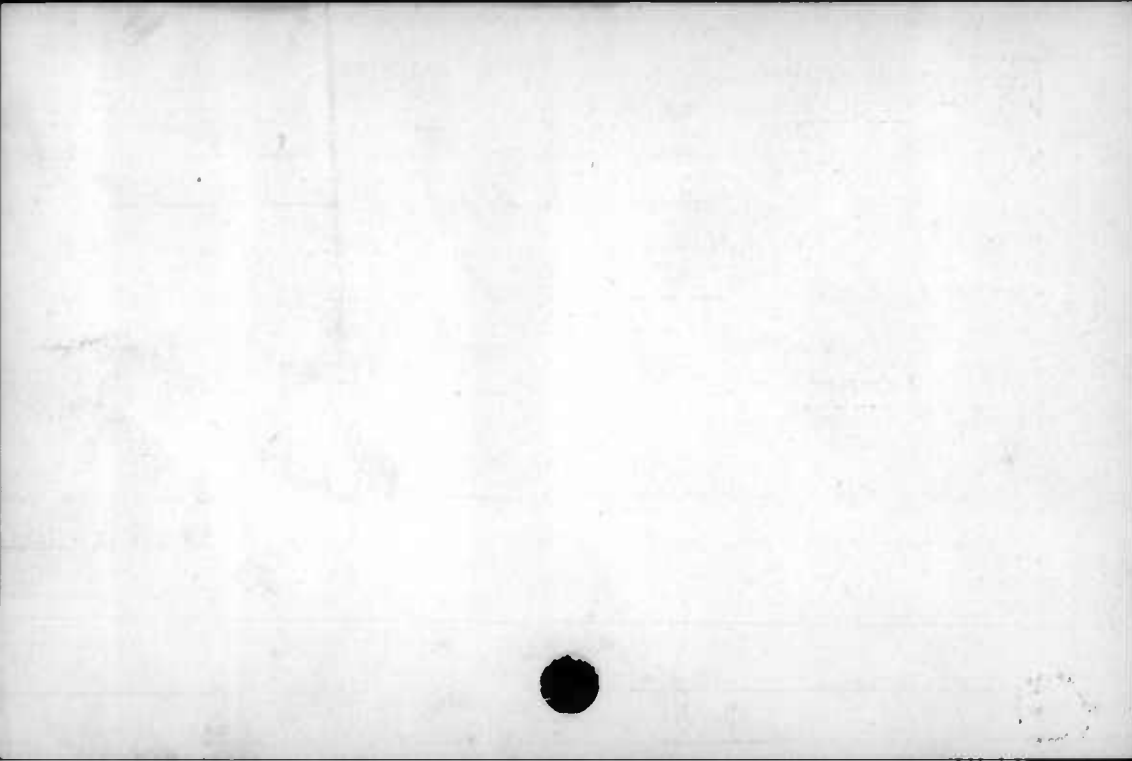
Died at		Town Hillsville		County Bullo		MARYLAND	
Date of death	1908	Month	1	Day	29	Age	Years 70
Sex		Male		Color or Race		White	
Occupation		none		Birth-place		Va	
Where Residing if not at place of death				—			
Married, Single or Widowed		Name of Wife or Husband Elizabeth Herbert					
Father's Name		John A Herbert				Father's Birthplace Va	
Mother's Maiden Name		Elizabeth Gentry				Mother's Birthplace Va	
Name of person giving information		Elizabeth Herbert				How related to deceased Wife	

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	Grippe	How long	2 weeks
Immediate	Pneumonia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J B Hall	
Address Mt Vernon			
Accident or Suicide?			



Name  
in  
Full

Nameless Herder

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

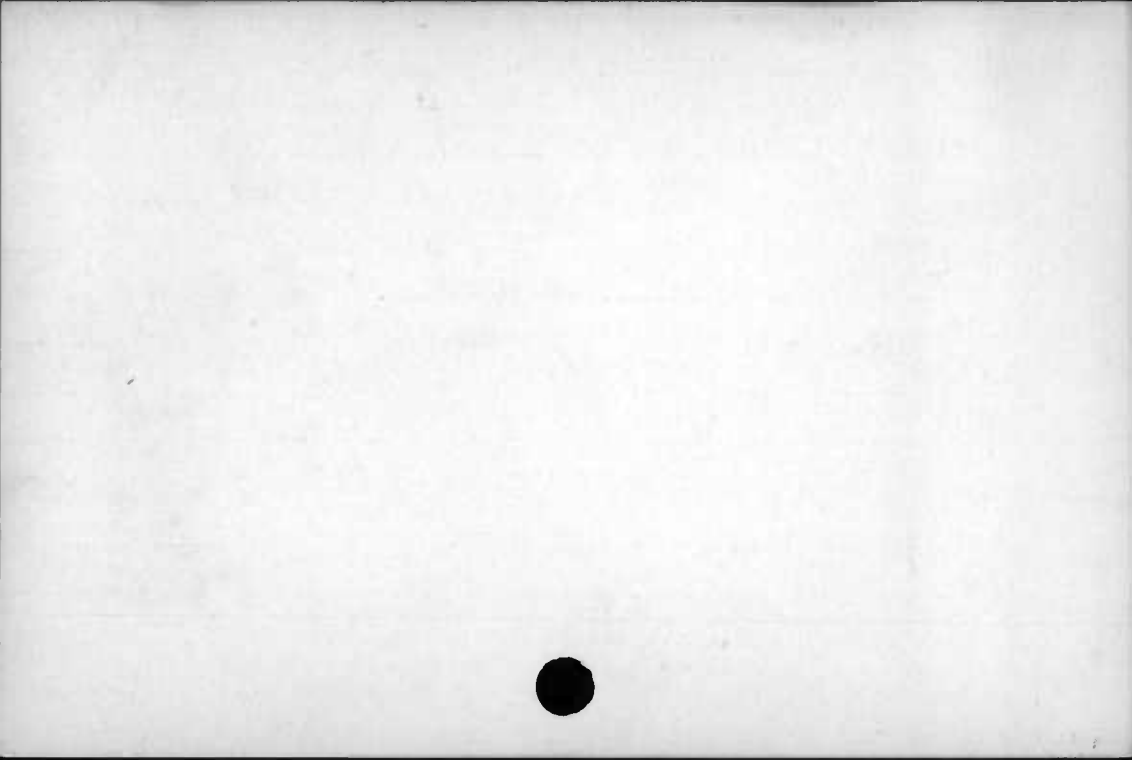
Died at <i>Reisterstown</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan.</i>	Day <i>2</i>	Age	Months	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Reisterstown</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Charles N Herder</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Monika K Mink</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Charles N. Herder</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

**131**

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth</i>	How long <i>a few hrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
<b>1</b> Accident or Suicide?	





Name  
in  
Full

Monika Katherine Herder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

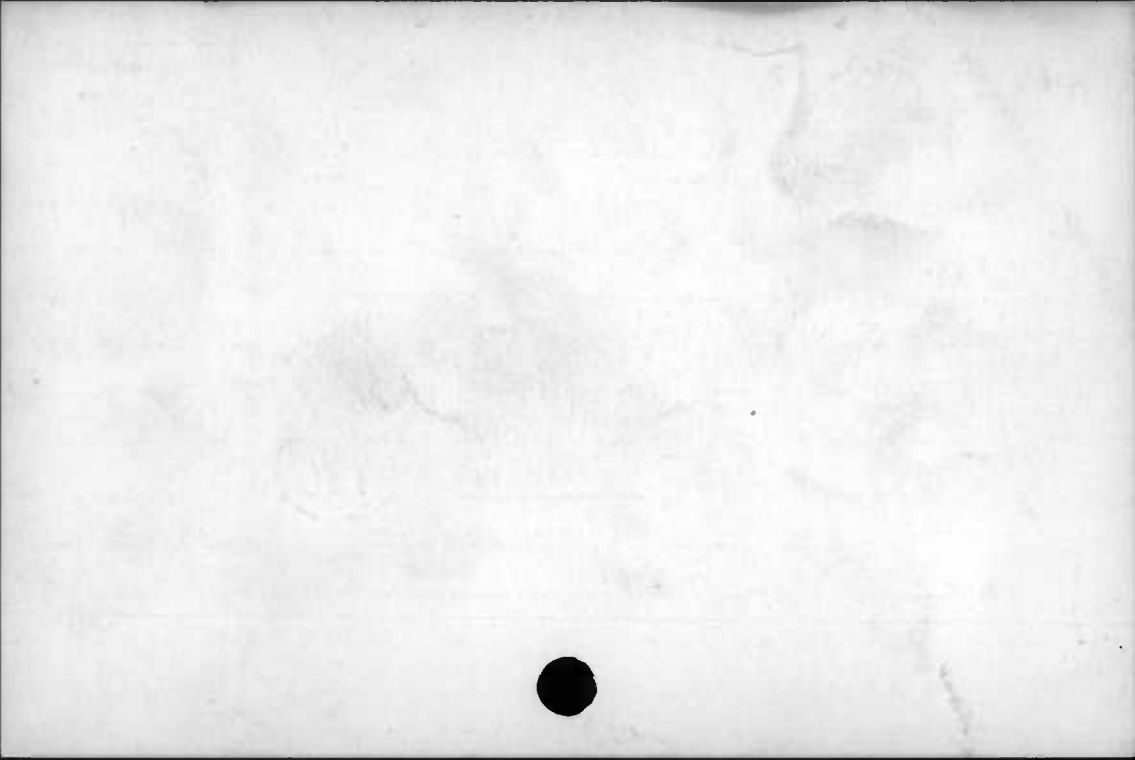
Died at <i>Reisterstown</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan.</i>	Day <i>3</i>	Age <i>37</i>	Months <i>5</i>	Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Charles A. Herder</i>			
Father's Name <i>John Mink</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Katherine Chinesmith</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Charles A. Herder</i>			How related to deceased <i>husband</i>		

## CAUSES OF DEATH

136

PHYSICIAN  
OR CORONER

Primary <i>Placenta Praevia</i>	How long <i>24 hrs.</i>
Immediate <i>Hemorrhage</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. M. Slade</i>
	Address
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Tullerton		County Baltimore		MARYLAND	
Date of death		Month January		Day 29 <sup>th</sup>		Age 69	
Sex Male		Color or Race White		Birth- place Baltimore Md		Months —	
Occupation None		Where Residing if not at place of death —					
Married, Single or Widowed Widower		Name of Wife or Husband —					
Father's Name John P. Herman		Father's Birthplace Md					
Mother's Maiden Name May. Herman		Mother's Birthplace Md					
Name of person giving Information May Herman		How related to deceased Sister					

## CAUSES OF DEATH

79

I PHYSICIAN  
OR CORONER

Primary Cardiac Dropsy Asthma		How long 15 years	
Immediate Dyspnoea		How long —	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Joseph B. Webster M.D.	
		Address Raspburg Md.	
Accident or Suicide?			



100

Name  
in  
Full

Marie Louise Herman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Highland Town Baltimore County MARYLAND

Date of death 1908 Jan. Month 1st Day 65 Years 10 Months 29 Days

Sex Female Color or Race White Birth-place Germany

Occupation None Where Residing if not at place of death

Married, Single or Widowed Married Name of ~~Wife~~ or Husband John P. Herman

Father's Name John Yaeger Father's Birthplace Germany

Mother's Maiden Name Anna Schultz Mother's Birthplace Germany

Name of person giving information John P. Herman How related to deceased Husband

## CAUSES OF DEATH

94

PHYSICIAN  
OR CORONER

Primary Pleurisy How long for 6 days

Immediate asthma How long 24 hours

Are the name, age, sex, color, date and place correctly given above? ye

Signature of Physician Geo. L. Williams

Address C. N. Broady

Accident or Suicide?

Dr J. D. Davis & Son  
St. Paul, Minn.

Name  
in  
Full

Mary A Hodges

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Learton</u> Town		<u>Bullo</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>31<sup>st</sup></u>	Age <u>56</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Va.</u>			
Occupation <u>Homework</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>Charles Hodges</u>				
Father's Name <u>Not known</u>	Father's Birthplace				
Mother's Maiden Name <u>Not known</u>	Mother's Birthplace				
Name of person giving information <u>Jacob Holm</u>	How related to deceased <u>son-in-law</u>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <u>Valvular disease heart</u>	How long <u>known</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>C. H. Key</u>
	Address <u>2 Hudson St</u>
Accident or Suicide? <u>—</u>	

Trinity beam  
J. Herwig & son  
2008 Orleans St.  
2/1/08



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sharnwood</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>25<sup>th</sup></i>	Age <i>67</i>	Months <i>3</i>	Years	Days <i>22</i>	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Fredrick, Md</i>				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed <i>single</i>	Name of Wife or Husband						
Father's Name <i>Rev. Geo. F. Hoff, D.D.</i>	Father's Birthplace <i>Lancaster Pa</i>						
Mother's Maiden Name <i>Juaniana J. Ross</i>	Mother's Birthplace <i>Fredrick, Md</i>						
Name of person giving information <i>George Hoff</i>	How related to deceased <i>Brother</i>						

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>Epidemic Influenza</i>	How long <i>about 2 wks.</i>
Immediate <i>Pneumonia</i>	How long <i>about 1 wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. F. Lockwood</i>
	Address <i>8 E. Eager St.</i>
Accident or Suicide? <i>Neither</i>	

Place of Burial  
Frederick - Md.

Newby H. Jenkins & Sons Co.

Name  
in  
Full

Charlotte Elizabeth Hooper

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Noble

Town

Baltimore

County

MARYLAND

Date

of death 1908

Month

1

Day

5

Age

Years

Months

5

Days

17

Sex

Female

Color or  
Race

White

Birth-  
place

Noble

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Charles W. Hooper

Father's  
Birthplace

Noble

Mother's  
Maiden Name

Fannie Lynch

Mother's  
Birthplace

Farnettsville

Name of person giving  
Information

"

"

Hooper

How related  
to deceased

Mother

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary

Bronchial Pneumonia

Immediate

Suffocation

Are the name, age, sex, color, date  
and place correctly given above?

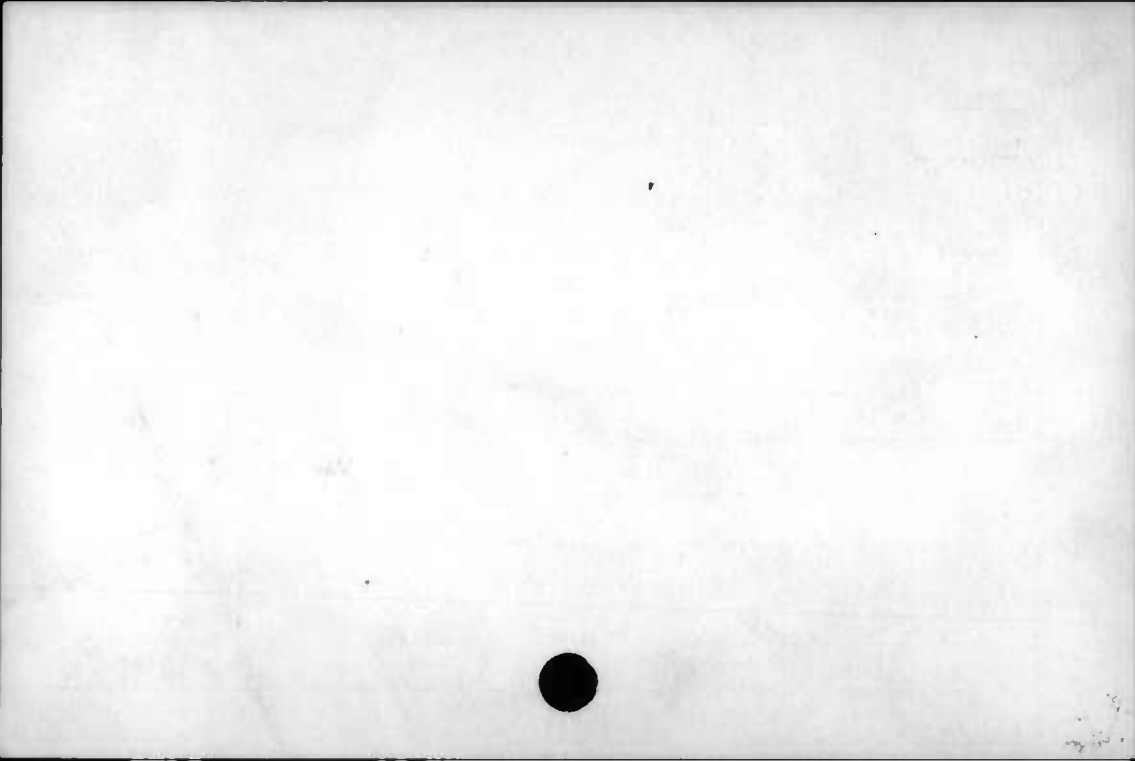
Yes

Signature of  
Physician

Address

J. T. Payne M.D.  
Phoenix, Md

Accident or Suicide?



Name  
in  
Full

Wm. Hutchins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Manor		County Baltimore		MARYLAND	
Date of death	1908	Month Jan.	Day 17	Age 70	Years 5	Months 25	Days 25
Sex	male		Color or Race	white		Birth-place	Maryland
Occupation	farmer			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Martha J. Hutchins			
Father's Name	Wm. Hutchins				Father's Birthplace	Md.	
Mother's Maiden Name	Elizabeth Perdue				Mother's Birthplace	Md.	
Name of person giving information	Wm. B. Hutchins				How related to deceased	Brother in law	

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary	Cancer of Liver		How long	2 years
Immediate	Exhaustion		How long	6 months
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Monteton	
			Md.	
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

Robert Sennock

Town

Jacksonville

County

Boate

MARYLAND

Died at

Date

of death 1908

Month

Jan.

Day

12

Age

Years

—

Months

—

Days

14 hours

Sex

Male

Color or  
Race

White

Birth-  
place

Jacksonville

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Richard Sennock

Father's  
Birthplace

Corbett Md

Mother's  
Maiden Name

Emma Jones

Mother's  
Birthplace

Balto Co

Name of person giving  
In formation

Richard Sennock

How related  
to deceased

Father

## CAUSES OF DEATH

152

Primary

Hemorrhage of Cord

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

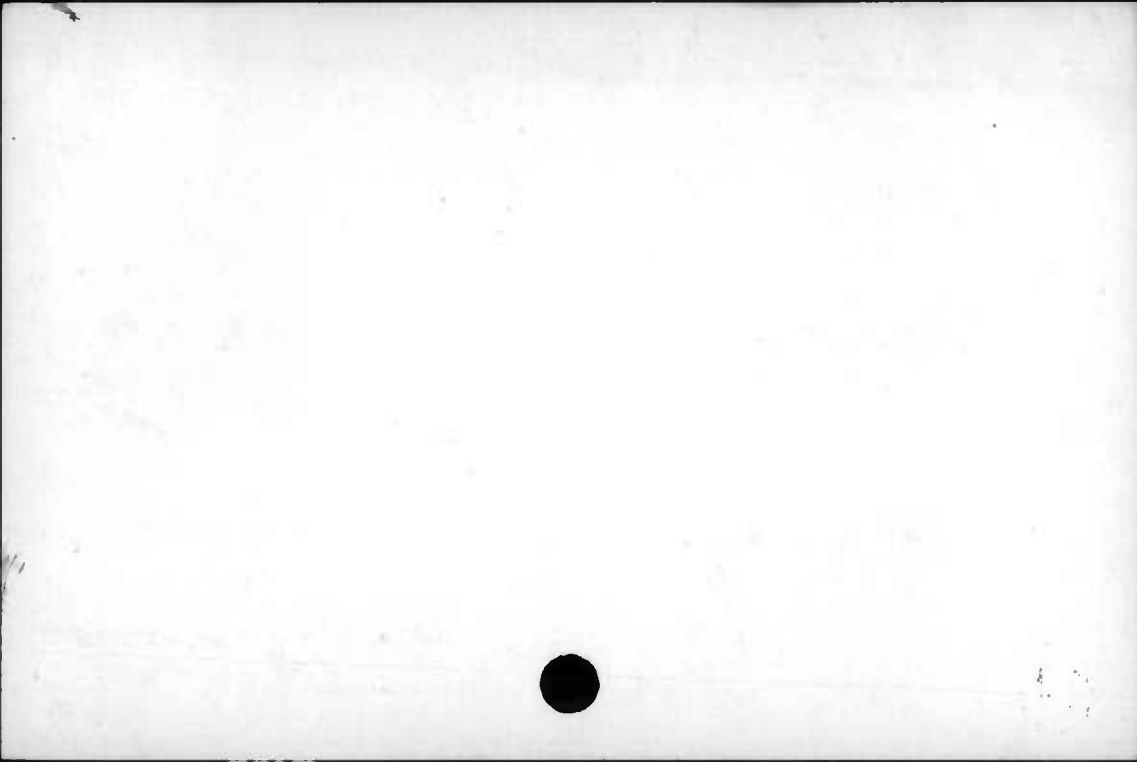
Address

J. J. Payne

Phoenix Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Mary A. C. Isaacs

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bellview</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Jan</i>	Day <i>15</i>	Age <i>84</i>	Years Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto City</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Jonathan Isaacs</i>		Father's Birthplace <i>P. G. Co. Md</i>			
Mother's Maiden Name <i>Ann E.</i>		Mother's Birthplace <i>Balto. Md</i>			
Name of person giving information		How related to deceased			

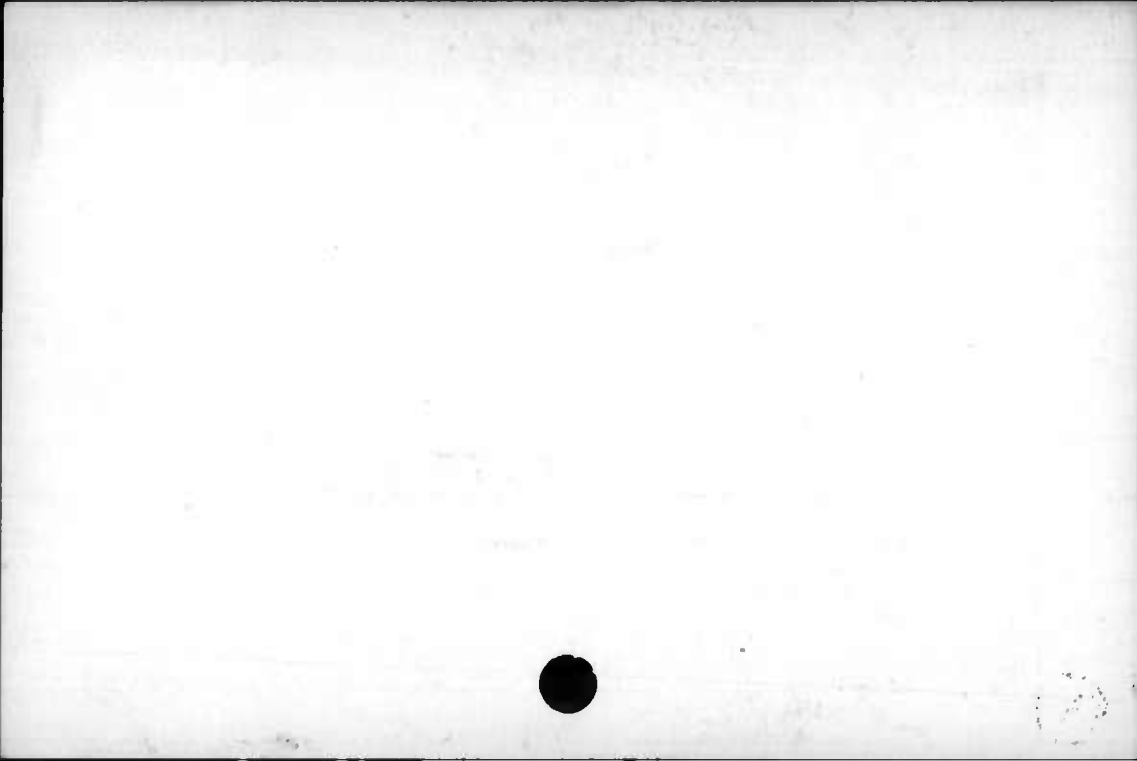
## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Endocarditis Mitral obstruction</i>	How long <i>few hours</i>
Immediate	<i>Dyspnea</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Joseph B. Webster Md</i>
		Address <i>Rockeferry Md</i>
Accident or Suicide?		

1



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

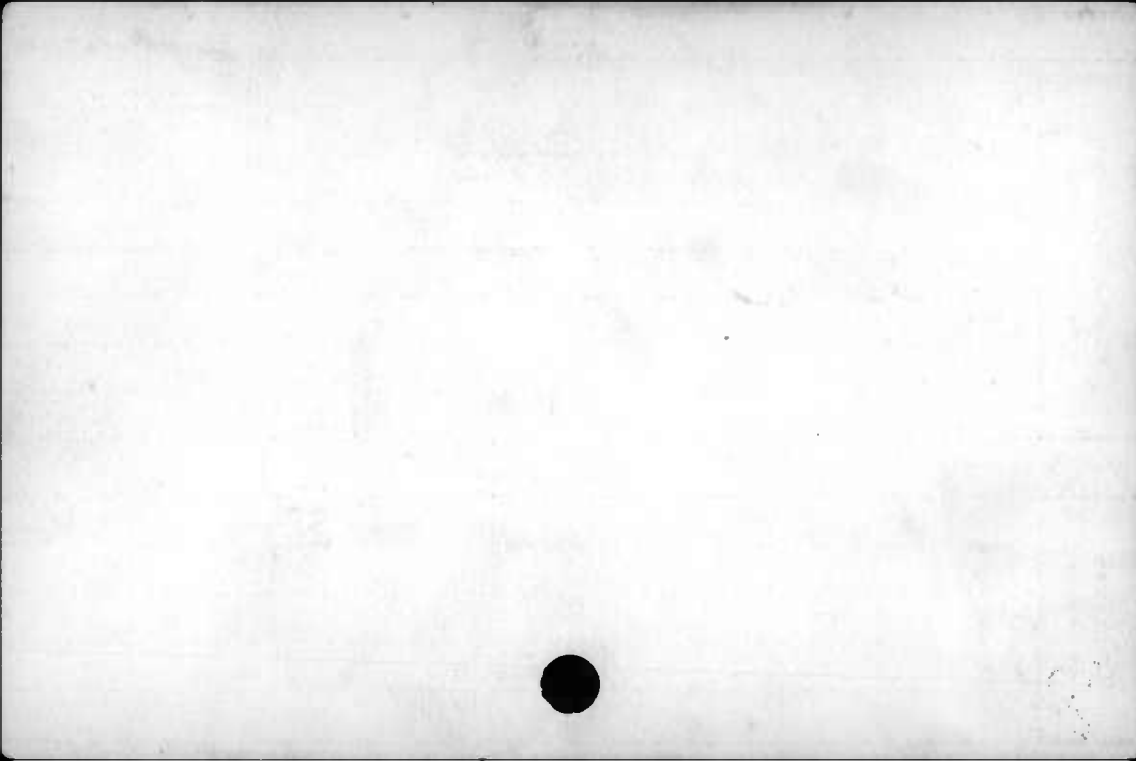
Died at <i>Relay</i> <sup>Town</sup>		<i>Bath</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>31</i>	Age <i>1</i>	Months <i>2</i>	Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Ma</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Louis Lackmon</i>		Father's Birthplace <i>W Va</i>			
Mother's Maiden Name <i>Mary J Franklin</i>		Mother's Birthplace <i>W Va</i>			
Name of person giving information <i>Louis Lackmon</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Phumonia</i>	How long <i>3 weeks</i>
Immediate <i>Cause unknown</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Harrison Tongue</i>
	Address <i>Elk Ridge Ma</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Peter Jensen</b>		Town <b>Baltimore</b>		County <b>Baltimore</b>		State <b>MARYLAND</b>	
Died at <b>Baltimore</b>		Month <b>January</b>		Day <b>6</b>		Year <b>1908</b>	
Date of death <b>1908 January 6</b>		Age <b>66</b>		Months <b>10</b>		Days <b>3</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Germany</b>			
Occupation <b>Commission Merchant</b>		Where Residing if not at place of death <b>32 N. Clinton St.</b>					
Married, single or widower <b>Married</b>		Name of Wife or Husband <b>Mrs. Jensen</b>					
Father's Name <b>Unknown</b>		Father's Birthplace <b>Unknown</b>					
Mother's Maiden Name <b>"</b>		Mother's Birthplace <b>"</b>					
Name of person giving information <b>Mrs. Jensen</b>		How related to deceased <b>Wife</b>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <b>Nephritis Chronic</b>		How long <b>6 months</b>	
Immediate <b>Pulmonary Congestion</b>		How long <b>3 days</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes -</b>		Signature of Physician <b>Am. R. Brown - M.D.</b>	
Accident or Suicide? <b>No -</b>		Address <b>125 S Broadway - Balt. - Md.</b>	

Evans & Spence

118 7 20 W. Mt. Royal Ave.

Cedar Hill Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

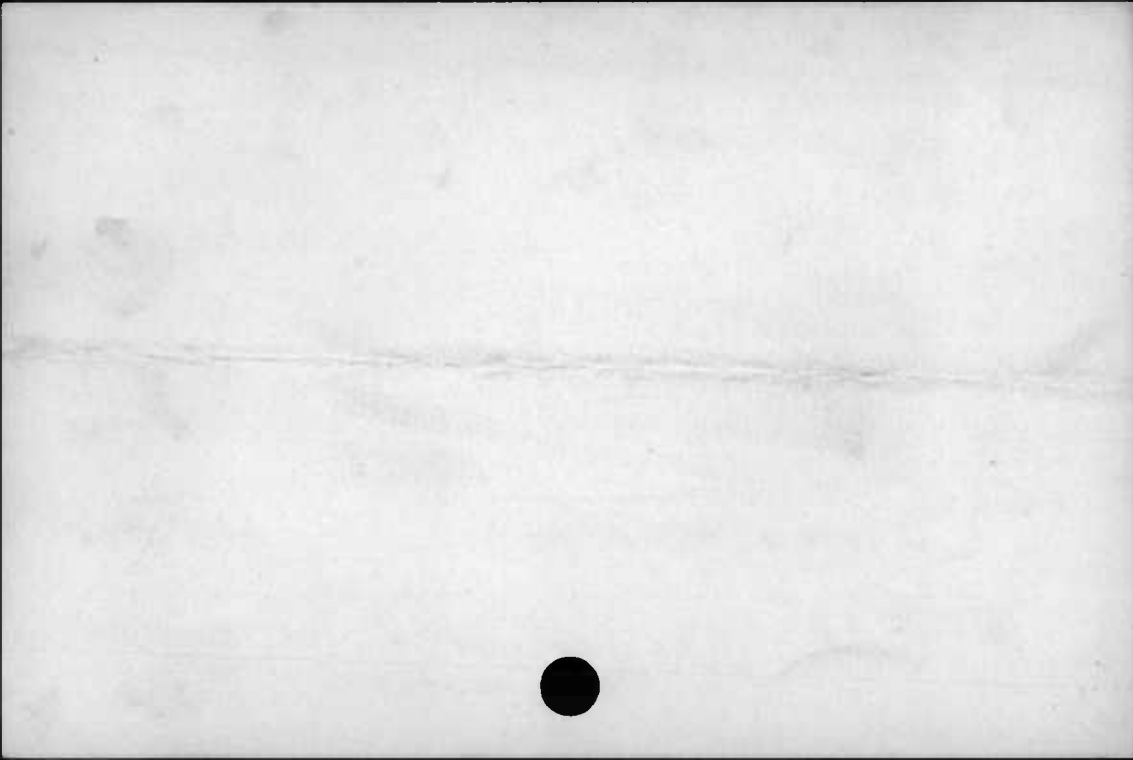
Died at <i>Catonsville</i>		Town <i>Catonsville</i>		County <i>Baltimore</i>		MARYLAND							
Date of death <i>190</i>		Month <i>January</i>		Day <i>6</i>		Age <i>66</i>		Years <i>10</i>		Months <i>3</i>		Days	
Sex <i>Female</i>		Color or Race <i>Cold</i>		Birth-place <i>Baltimore Co Md</i>									
Occupation <i>House wife</i>				Where Residing if not at place of death <i>Catonsville Md</i>									
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Leann Johnson</i>											
Father's Name <i>Mr Lewis</i>		Father's Birthplace <i>MD</i>											
Mother's Maiden Name <i>Mrs Betsy Lewis</i>		Mother's Birthplace <i>MD</i>											
Name of person giving information <i>Geo. August C Walford</i>		How related to deceased <i>brother</i>											

## CAUSES OF DEATH

177

PHYSICIAN  
OR CORONER

Primary <i>Larynx</i>	How long <i>1 yr</i>
Immediate <i>Colapex</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>V. R. Barry M D</i>
	Address <i>Catonsville Md</i>
Accident or Suicide? <i>No,</i>	<i>Baltimore</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>James Kelly</i>		Town <i>Timonium</i>		County <i>Balto</i>		MARYLAND <i>MD</i>	
Died at <i>Timonium</i>		Month <i>January</i>		Day <i>12th</i>		Age <i>10 year</i>	
Date of death <i>1908</i>		Month <i>January</i>		Day <i>12th</i>		Age <i>10 year</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Balto Co</i>		Where Residing if not at place of death <i>Timonium Balt Co</i>	
Occupation <i></i>		Name of Wife or Husband <i></i>		Father's Name <i>John Kelly</i>		Father's Birthplace <i>Ireland</i>	
Married Single <i>Single</i>		Name of Wife or Husband <i></i>		Mother's Maiden Name <i>Mary Kelly</i>		Mother's Birthplace <i>Balto Co</i>	
Name of person giving information <i>Mary Kelly</i>		How related to deceased <i>Mother</i>		How long <i>2 weeks</i>		How long <i>2 weeks</i>	

## CAUSES OF DEATH

(61)

PHYSICIAN  
OR CORONER

Primary <i>Perforated Small Intestine</i>	How long <i>2 weeks</i>
Immediate <i></i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. F. Burey M.D.</i>
	Address <i>Leesport Md</i>
Accident or Suicide?	

John Burns Sons.  
General Directors  
Towson

Saint Johns Cemetery Texas

Balto Co

Md

Name  
in  
Full

CERTIFICATE OF DEATH

Laurice F. P. Kuehner

Died at *Arbutus* Town *Arbutus*

County *Baltimore*

MARYLAND

Date of death *1908 January 4th*

Age *33 yrs*

Months *5*

Days *23*

Sex *Female*

Color or Race *white*

Birth-place *Balto City*

Occupation *Housewife*

Where Residing if not at place of death

*Arbutus*

Married, Single or Widowed *Married*

Name of Wife or Husband *John H. Kuehner*

Father's Name *Charles Stuber*

Father's Birthplace *Germany*

Mother's Maiden Name *don't know*

Mother's Birthplace *Germany*

Name of person giving information *John Kuehner*

How related to deceased *Husband*

CAUSES OF DEATH

**(27)**

Primary *Phthisis Pulmonalis*

How long *5 weeks*

Immediate *Exhaustion*

How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. Blaney*

Address *110 S. Gilman St. Balto Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Wm Brothers

428 Frederick Ave  
Baltimore.

to  
London Park Cemetery

Name  
in  
Full

Samuel Jackson Lanahan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Roland Park</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>		Month <i>January</i>	Day <i>30</i>	Age <i>63</i>	Years <i>10</i> Months <i>10</i> Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md.</i>	
Occupation <i>Wholesale Liquor</i>		Where Residing if not at place of death		Place of death	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Fannie Reeder</i>			
Father's Name <i>William Lanahan</i>		Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Mary Jackson</i>		Mother's Birthplace <i>Pennsylvania</i>			
Name of person giving information <i>William Lanahan</i>		How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

50

PHYSICIAN  
OR CORONER

Primary <i>Diabetes + Arterio-sclerosis</i>	How long <i>Do not know.</i>
Immediate <i>Diabetic Coma</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. Gibson Porter</i>
	Address <i>Roland Park, Md.</i>
Accident or Suicide? <i>No</i>	

Stewart & Mowen Co

215 Park ave

Baltimore Maryland  
Undertakers

Interment in Greenmount  
Cemetery

February 1<sup>st</sup> 1908

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Esther Langemann*

Town *Sinclair Lane* County *Balto.* MARYLAND

Died at *Sinclair Lane*

Date of death *1908* Month *July* Day *23* Age *62* Months *—* Days *—*

Sex *Female* Color or Race *white* Birth-place *Balto*

Occupation *—* Where Residing if not at place of death *Sinclair Lane*

Married, Single or Widowed *—* Name of Wife or Husband *Mrs. Langemann*

Father's Name *John Soffer* Father's Birthplace *Germany*

Mother's Maiden Name *—* Mother's Birthplace *Germany*

Name of person giving information *Mrs. Langemann* How related to deceased *wife*

CAUSES OF DEATH

Primary *Broncho pneumonia* How long *7 weeks*

Immediate *—* How long *—*

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *F. J. Kirby*

Address *110 E North Ave  
Baltimore Md*

Accident or Suicide? *—*

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Handwritten text at the bottom of the page, including a date "1875-1876" and other illegible entries.



Name  
in  
Full

Abraham Lohr

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Buckleysville</i>		Town		<i>Balto-</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>6</i>	Age <i>76</i>	Years	Months <i>0</i>	Days <i>2</i>			
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Adams Co. Penna.</i>						
Occupation <i>Mechanic</i>			Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>			Name of Wife or Husband <i>Julia Anna Lohr</i>						
Father's Name <i>Jacob Lohr</i>			Father's Birthplace						
Mother's Maiden Name <i>Pieffer</i>			Mother's Birthplace						
Name of person giving information <i>Wife of Deceased</i>			How related to deceased <i>wife</i>						

## CAUSES OF DEATH

How long

How long

How long

How long

How long

How long

How long

How long

How long

How long

How long

How long

How long

PHYSICIAN  
OR CORONER

Primary

*Valvular Heart Disease + Apoplexy*How long *1 year trouble for 8 months. Apoplexy 3 days*

Immediate

*Heart Failure*How long *24 hours*

Are the name, age, sex, color, date and place correctly given above?

*yes*

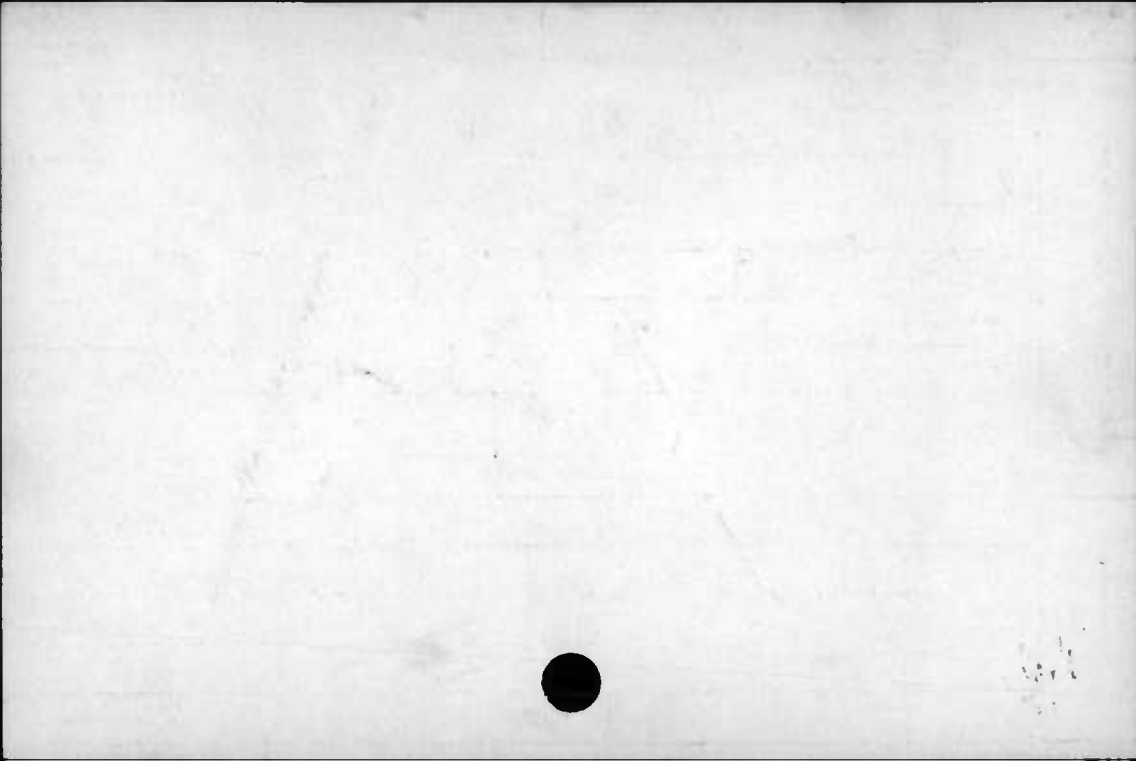
Signature of Physician

*D. W. Bush. M.D.*

Address

*Hampstead, Ind.**R.F.D. No. 2*

Accident or Suicide?



Name in Full		Town		County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Maryland		MARYLAND			
		Date of death	1908	Month	July	Day	15	Age	60 or 71
		Sex	Female	Color or Race	Cauc	Birth-place	Boston		
		Occupation	Housewife		Where Residing if not at place of death				
		Married, Single or Widowed	Married	Name of Wife or Husband	Geo. E. Smith				
		Father's Name	David Benson		Father's Birthplace	Boston			
		Mother's Maiden Name	Mary Benson		Mother's Birthplace	Boston			
		Name of person giving information	Mrs. Benson		How related to deceased	Wife			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary	Bright's Disease		How long	10 or 12 years			
		Immediate	Calculation		How long	1 year			
		Are the name, age, sex, color, date and place correctly given above?		Yes					
		Signature of Physician		W. T. G. Smith					
		Address		Columbia Del					
		Accident or Suicide?							

120

88. Agness

Mrs. C. Priester & Sons.

Name  
in  
Full

Bureau Ludwig

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Canton</i> <small>Town</small>		<i>Balt</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Jan</i> <small>Month</small>	<i>6</i> <small>Day</small>	Age <i>81</i> <small>Years</small>	<i>10</i> <small>Months</small>	<i>5</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Wales</i>		
Occupation <i>NURSE</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>David Ludwig</i>			
Father's Name <i>Charles King</i>			Father's Birthplace <i>Wales</i>		
Mother's Maiden Name <i>Not known</i>			Mother's Birthplace <i>Wales</i>		
Name of person giving information <i>Katils Giles</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long <i>4 months</i>
Immediate <i>Cardiac Syncope</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David W. Jones</i>
	Address <i>3116 O'Donnell St.</i>
Accident or Suicide? <i>1</i>	

W Sanders & Son  
Mr. Carr & Condy

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Boundary Ave</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>25</i>	Age <i>66</i>	Years	Months <i>5</i>	Days <i>16</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Lisbon Ohio</i>				
Occupation			Where Residing if not at place of death				
Married, <del>Single</del> <del>or Widowed</del>		Name of <del>Widow</del> Husband <i>James H. McAfee</i>					
Father's Name <i>William R. Sinclair</i>			Father's Birthplace <i>Baltimore Md</i>				
Mother's Maiden Name <i>Sarah L Hard</i>			Mother's Birthplace <i>Harford Co Md</i>				
Name of person giving information <i>James H. McAfee</i>			How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

Primary	<i>General Paralysis</i>	How long	<i>6 years</i>
Immediate	<i>Heart Failure</i>	How long	

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*Harry L Prentiss*  
*809 Borsuch Ave*

Accident or Suicide?

J. B. Cook

---

London Park

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Name  
in  
Full

Not named Mc Comas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

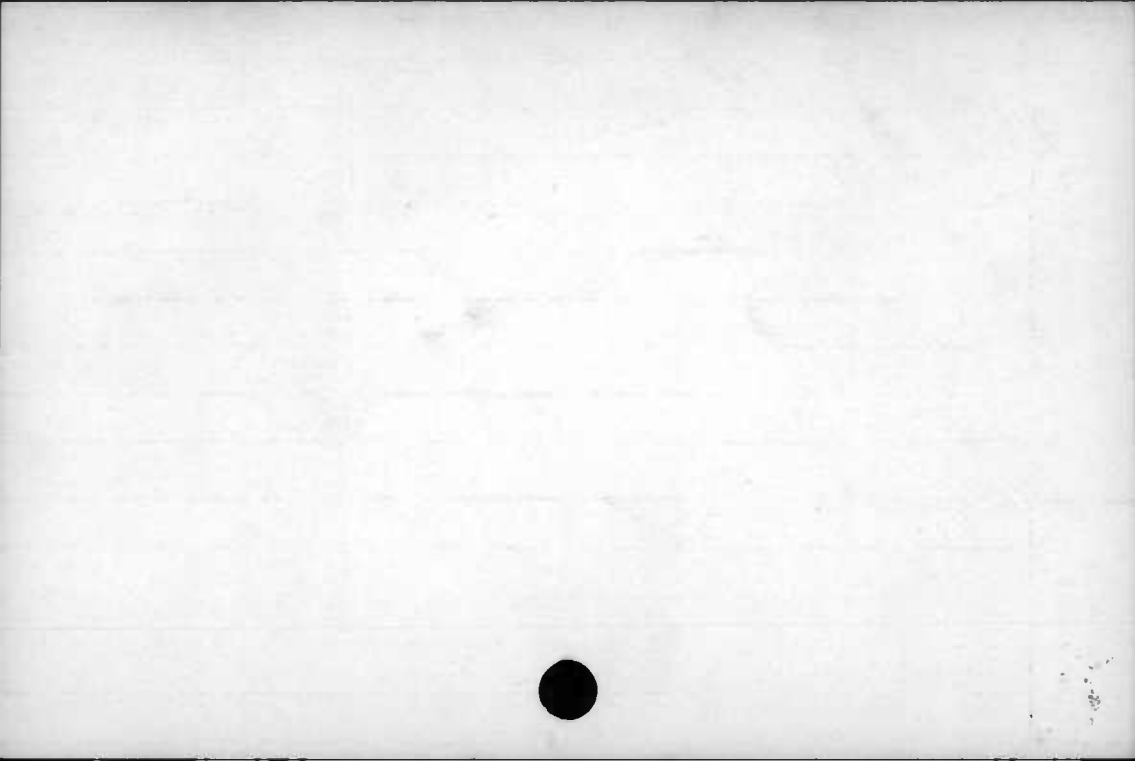
Died at <u>Reisterstown</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>8</u>	Month <u>Jan</u>	Day <u>7</u>	Age <u>3 days</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Reisterstown Md.</u>			
Married, Single or Widowed <u>Infant</u>		Occupation <u>Infant</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>Aquilla Mc Comas</u>			Father's Birthplace <u>Reisterstown Md.</u>		
Mother's Maiden Name <u>Ebbie Owings</u>			Mother's Birthplace <u>Wilmington Md.</u>		
Name of person giving information <u>Aquilla Mc Comas</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

137

PHYSICIAN  
OR CORONER

Primary <u>Infantile weakness</u>	How long <u>Born in that condition</u>
Immediate <u>Malnutrition</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>James Goss M.D.</u>
	Address <u>Reisterstown Md.</u>
Accident <u>—</u> or other <u>—</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

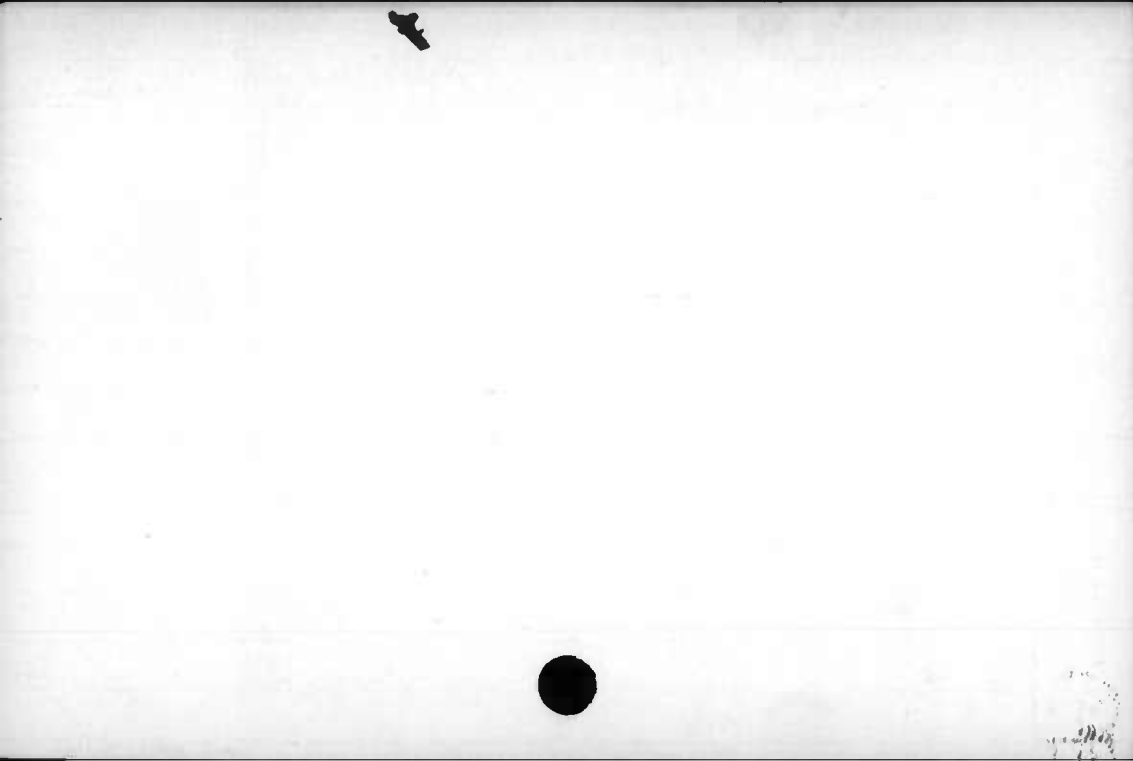
Died at		Town <i>Rossville</i>		County <i>Baltimore</i>		MARYLAND					
Date of death		Month <i>8 July</i>		Day <i>16</i>		Age <i>45</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>unknown</i>							
Occupation <i>laborer</i>				Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>—</i>							
Father's Name <i>Unknown</i>				Father's Birthplace <i>—</i>							
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>—</i>							
Name of person giving information <i>—</i>				How related to deceased <i>—</i>							

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary <i>Killed by train</i>		How long <i>—</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Gellman</i>	
		Address <i>J. P.</i>	
Accident or Suicide?			



Name  
in  
Full

Francis R. MacMillan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

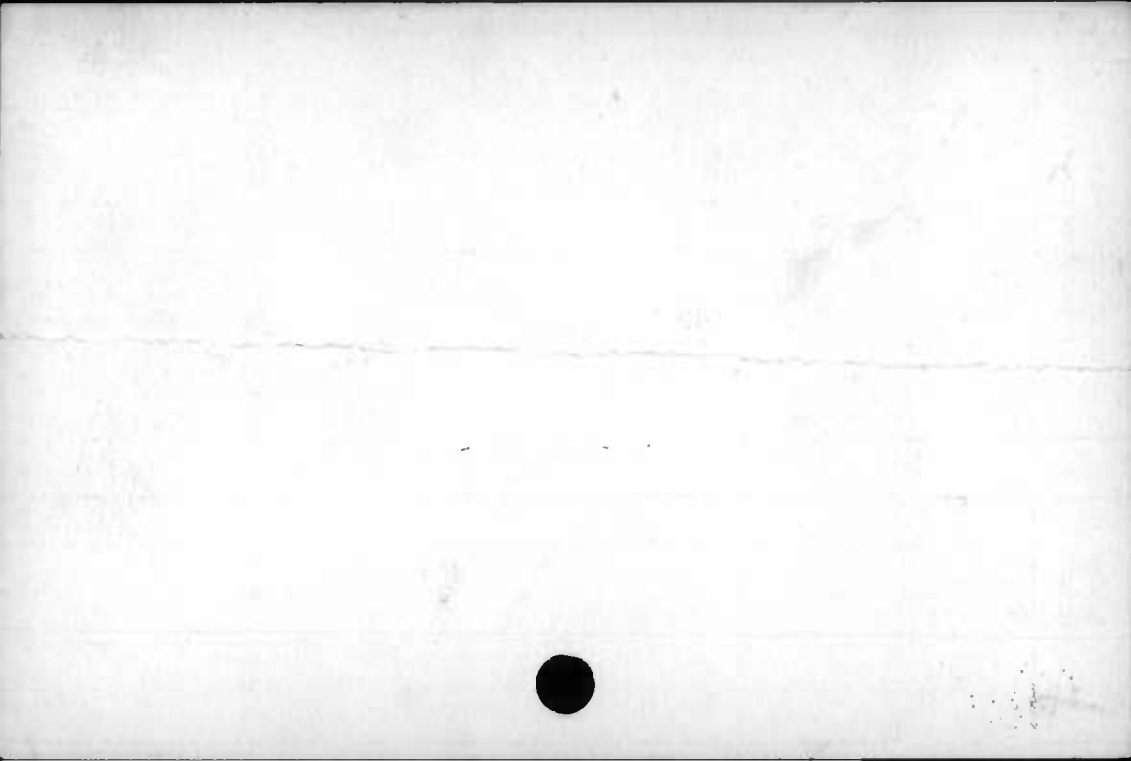
Died at <i>Lanarville end</i>		County <i>Baets</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>January</i>	Day <i>22</i>	Age <i>One</i>	Months <i>—</i>	Days <i>23</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Baets</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>Elserod way</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Jos &amp; Macmillan</i>			
Father's Name <i>—</i>			Father's Birthplace <i>Baets</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>Baets</i>		
Name of person giving information <i>Jos R Macmillan</i>			How related to deceased <i>—</i>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Acute Gastro enteritis</i>	How long <i>3 days</i>
Immediate <i>Asphemia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Al O Madenado MD</i>
	Address <i>1540 N Broadway</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Alickandria Madden

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

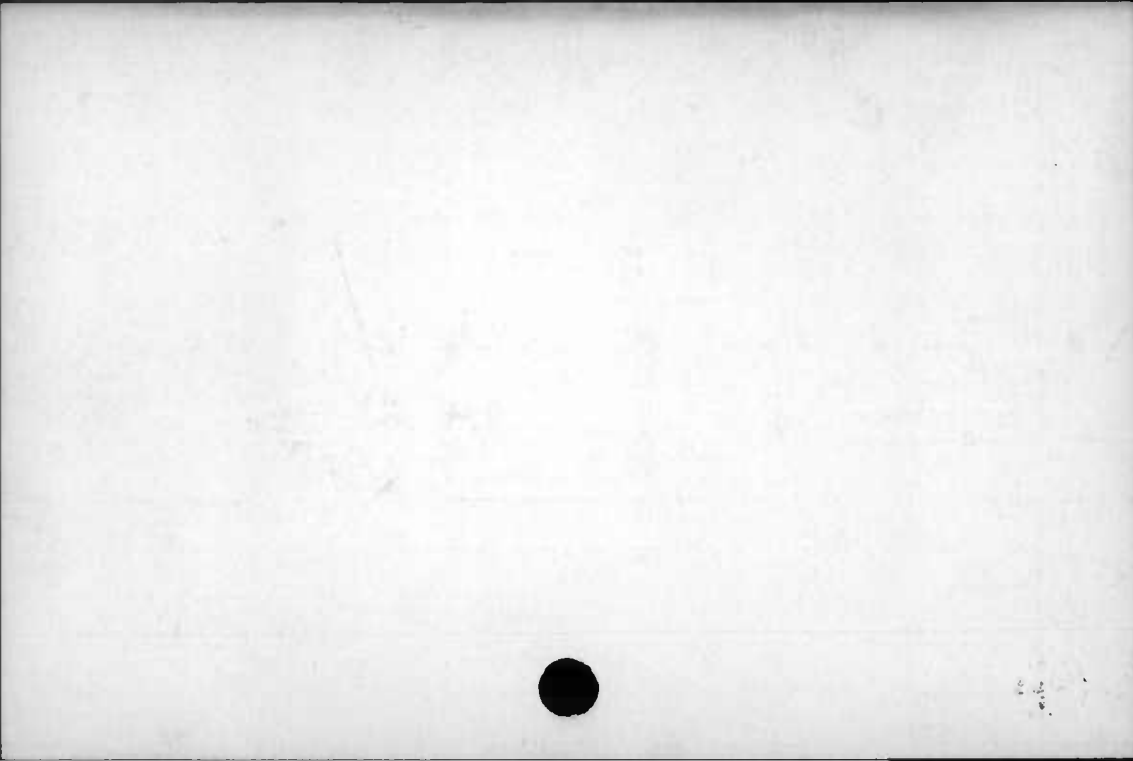
Died at <i>St Georges</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Jan</i>	Day <i>24</i>	Age <i>50</i>	Years <i>50</i>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Balto Co</i>		
Occupation <i>laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>J. J. Madden</i>		Father's Birthplace <i>Balto Co</i>			
Mother's Maiden Name <i>Annie Wicks</i>		Mother's Birthplace <i>Balto Co</i>			
Name of person giving information <i>J. H. Madden</i>		How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>La grippe</i>	How long <i>3 days</i>
Immediate <i>Pneumonia double</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James G. H. D.</i>
	Address <i>Reisterstown Md.</i>
Accident or Suicide? <i>No</i>	





Name

In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Presque</i>		County <i>Barb</i>		MARYLAND	
Date of death	1908	Month	July	Day	4	Age	64
Sex	Male	Color or Race	White	Birth-place	Indiana		
Occupation	Farmer			Where Residing if not at place of death <i>Presque M.</i>			
Married, Single or Widowed	Widower			Name of Wife or Husband <i>Margaret Jewell</i>			
Father's Name	<i>Matthew Maguire</i>			Father's Birthplace <i>Indiana</i>			
Mother's Maiden Name	<i>not known</i>			Mother's Birthplace <i>"</i>			
Name of person giving information	<i>Matthew Maguire</i>			How related to deceased <i>son</i>			

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	<i>Grippe</i>	How long	<i>about 1 day</i>
Immediate	<i>pneumonia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. C. M.</i>
		Address	<i>Presque Mtd.</i>
Accident or Suicide?			

Martin F. F. & Sons  
Undertakers

St. Charles Cemetery  
Tikesville

Name  
in  
Full

Hannah Manley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highland town</i>		Town <i>Highland town</i>		County <i>Balto.</i>		MARYLAND	
Date of death	<i>190</i>	Month <i>Jan.</i>	Day <i>5<sup>th</sup></i>	Age <i>53</i>	Years <i>53</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>				
Occupation <i>House - w -</i>	Where Residing if not at place of death <i>1515 Highland Ave.</i>						
Married, Single <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband <i>—</i>					
Father's Name <i>Simon Fleishman</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>J. Manley</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>22 days.</i>
Immediate <i>" 2<sup>nd</sup> attack</i>	How long <i>2 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Pierre G. Dausch</i>
	Address <i>121, Jackson Square</i>
Accident or Suicide? <input type="checkbox"/>	

Wendell Phillips Esq  
Mr. Carroll County

Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Towson</i> Town		<i>Baltimore</i> County	
Date of death <i>1908</i>	Month <i>January</i>	Day <i>24<sup>th</sup></i>	Years <i>37</i>
Sex <i>male</i>	Color or Race <i>white</i>	Months <i>9</i>	Days <i>12</i>
Occupation <i>Clergyman</i>	Where Residing if not at place of death <i>Towson, Balto Co., Md.</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ann Myrdock Easter</i>		
Father's Name <i>John Marley</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Edley Gardner</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>W. George Marley</i>	How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>18 Months</i>
Immediate	<i>Cordeic Asthria</i>	How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. G. Starnes M.D.</i>	
		Address <i>Towson Md.</i>	
Accident or Suicide? <input type="checkbox"/>			

Stewart Mowen Co  
Undertakers

Interment

Western Cemetery

● Baltimore Md

Jan 27 1908

Name  
in  
Full

Isaiah E. Marriott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

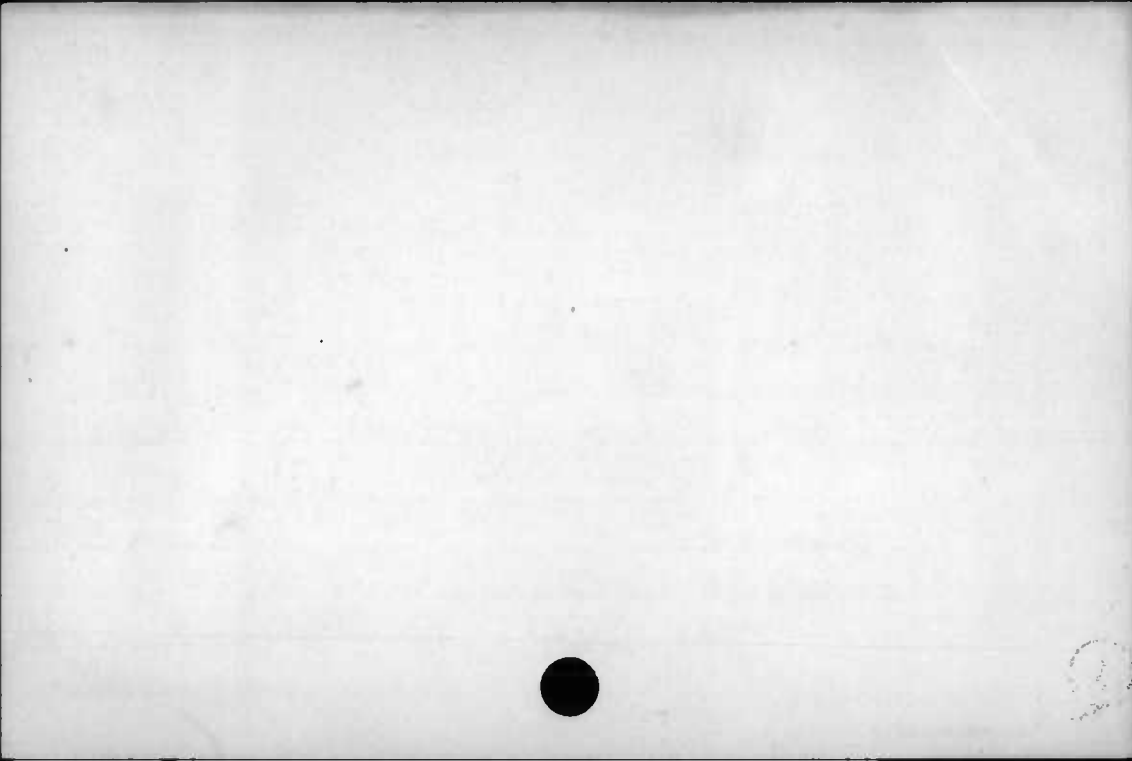
Died at <b>Rockdale</b> <small>Town</small>		<b>Baltimore</b> <small>County</small>		MARYLAND	
Date of death <b>1908</b> <small>Month</small> <b>Jan.</b> <small>Day</small> <b>13th.</b>		Age <b>76</b> <small>Years</small> <b>Yrs.</b>		<b>1</b> <small>Months</small> <b>13</b> <small>Days</small> <b>±</b>	
Sex <b>Male</b>		Color or Race <b>White, American</b>		Birth-place <b>Randallstown, Md.</b>	
Occupation <b>Blacksmith</b>		Where Residing if not at place of death <b>Rockdale</b>			
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>_____</b>			
Father's Name <b>Joseph Marriott</b>		Father's Birthplace <b>Howard Co. (?)</b>			
Mother's Maiden Name <b>Miss Shipley (Sarah)</b>		Mother's Birthplace <b>Carroll Co.</b>			
Name of person giving information <b>O. Marriott</b>		How related to deceased <b>A Step-brother</b>			

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <b>Influenza</b>	How long <b>2 weeks</b>
Immediate <b>Lobar Pneumonia</b>	How long <b>4 days</b>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>A. C. Smith</b>
<b>Yes</b>	Address <b>Woodlawn Sta Md</b>
Accident or Suicide? <b>—</b>	





Name in Full <b>Hannah Matthews.</b>		CERTIFICATE OF DEATH	
Died at <b>Towson</b> <small>Town</small>		<b>Balto</b> <small>County</small>	
Date of death <b>1908</b> <small>Month</small> <b>Jan</b> <small>Day</small> <b>13</b>		<b>Age</b> <b>58</b> <small>Years</small> <b>7</b> <small>Months</small> <b>27</b> <small>Days</small>	
Sex <b>Female</b>		Color or Race <b>Colord</b>	
Occupation <b>Saundry</b>		Birth-place <b>Belair</b>	
Married, Single or Widowed <b>Widow</b>		Where Residing if not at place of death	
Father's Name <b>Jacob Bradford</b>		Father's Birthplace <b>Belair</b>	
Mother's Maiden Name <b>Annie Bond</b>		Mother's Birthplace <b>Belair</b>	
Name of person giving information <b>H. Amanda Harris</b>		How related to deceased <b>Granddaughter</b>	
CAUSES OF DEATH			
Primary <b>Bronchitis</b>		How long <b>2 weeks</b>	
Immediate <b>Cardiac Asthima</b>		How long <b>24 hours</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>J. G. Sturges M.D.</b>	
		Address <b>Towson Md</b>	
Accident or Suicide?			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
CORONER

Alex. Hensley (undertaker)  
578 W. Biddle St.

Hick's Burying Ground

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Martha Suechb-

Died at <u>Howard Park</u> Town		<u>Balto</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>29</u>	Years <u>60</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Ind</u>		
Occupation <u>—</u>	Where Residing if not at place of death <u>Howard Park</u>				
Married, Single or Widowed <u>Widow</u>	Name of <del>Wife</del> Husband <u>—</u>				
Father's Name <u>—</u>	Father's Birthplace <u>—</u>			—	
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>			—	
Name of person giving information <u>James Kane</u>	How related to deceased <u>friend</u>			—	

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <u>Lagrippe &amp; fatty degenerated heart</u>	How long <u>7 days</u>
Immediate <u>Heart failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr E Miles Wheeler</u>
	Address <u>2129 W North ave,</u> <u>Baltimore, Ind,</u>
Accident or Suicide? <u>—</u>	

Mr

Mr Cook

508 E North Ave

Woodlawn Cemetery

Jan. 31. 08.

Name  
in  
Full

CERTIFICATE OF DEATH

Magdalen Meier

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Gardenville</u> Town		<u>Balto</u> County		MARYLAND	
Date of death	1908	Month	Jan	Day	28
Age	77	Years		Months	6
Sex	Female	Color or Race	White	Birth-place	Germany
Occupation	Housework		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Widowed					
Father's Name	James Schuitzen			Father's Birthplace	Germany
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Joseph Regius			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>La Grippe</u>	How long	<u>2 weeks</u>
Immediate	<u>Advanced age</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<u>Walter E. Meyer M.D.</u>	
		Address	
		<u>1031 N. Caroline St. Md.</u>	
Accident or Suicide?			
No			

1

Henry Hoekstra  
Holy Redeemer Cemetery

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1

Name in Full <b>Henry Meyers</b>		CERTIFICATE OF DEATH	
Died at <b>Lansdowne</b> <small>Town</small>		<b>Baltimore</b> <small>County</small>	
Date of death <b>1908 Jan - 7</b> <small>Month Day</small>		<b>62</b> <small>Years</small>	
Sex <b>male</b>		Color or Race <b>white</b>	
Occupation <b>Laborer</b>		Birth-place <b>Hanover Germany</b>	
Where Residing if not at place of death <b>Second av. Lansdowne</b>			
Married, Single or Widowed <input checked="" type="checkbox"/> Married		Name of Wife or Husband	
Father's Name <b>Henry Meyers</b>		Father's Birthplace <b>Hanover Germany</b>	
Mother's Maiden Name		Mother's Birthplace <b>Hanover Germany</b>	
Name of person giving information <b>Mary Myers</b>		How related to deceased <b>Sister</b>	
CAUSES OF DEATH			
Primary <b>La Grippe and Pneumonia</b>		<b>10</b> <small>How long 9 days</small>	
Immediate <b>Exhaustion</b>		<b>2 days</b> <small>How long</small>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Frank N. Ruhl</b>	
		Address <b>Lansdowne, Balt Co. Md</b>	
Accident or Suicide? <input checked="" type="checkbox"/> Accident			

J. Dignan -

---

Elkridge



Name  
in  
Full

CERTIFICATE

MALE

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Florian Müller* Town *Parkville* County *Balto.*

Died at *Parkville* Date of death *1908 Jan 6* Age *78* Months *8*

Sex *Male* Color or Race *W* Birthplace *Germany*

Occupation *Gardener* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Anna Maria Müller*

Father's Name *John Müller* Father's Birthplace *Germany*

Mother's Maiden Name  Mother's Birthplace *Germany*

Name of person giving information *Nicholas Müller* How related to deceased *Son*

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary *Chronic Oropharyngeal Diphtheria* How long *Unknown*

Immediate *Chronic Oropharyngeal Diphtheria* How long *Unknown*

Are the name, age, sex, color, date and place correctly given above? *X*

Signature of Physician *Geary L. Long M.D.*

Address *Hamilton*

Accident or Suicide?

Intiment

St Josephs

Please send few  
of these cards

Name  
in  
Full

Richard Cassayne Manure

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

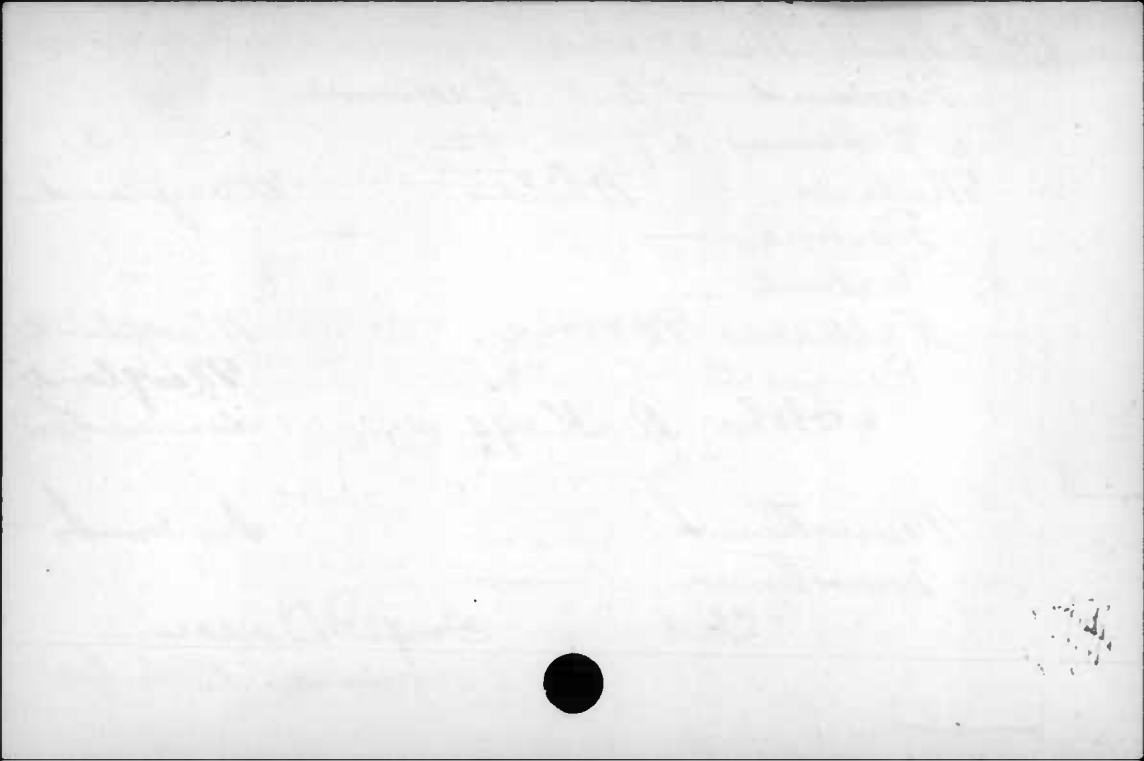
Died at <i>Catonville</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan.</i>	Day <i>27</i>	Years <i>35</i>	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Virginia</i>	
Occupation <i>attly. at Law</i>		Where Residing if not at place of death <i>Bowling Green, Va.</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>not known</i>			
Father's Name <i>not known</i>		Father's Birthplace <i>not known</i>			
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>not known</i>			
Name of person giving information <i>taken from history card when admitted to County House</i>		How related to deceased			

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>one month to my knowledge. Possibly several yrs.</i>
Immediate <i>oedema of bladder</i>	How long <i>ten hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Richard F. Sunday M.D.</i>
	Address <i>He Beck, Jr., Home</i>
	<i>Catonville, Md.</i>
Accident or Suicide?	



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Morris

Died at *Foreland P.O.*

Town

*Baltimore*

County

MARYLAND

Date

of death *1908 January 27*

Month

Day

Age

Years

*92*

Months

*3*

Days

*3*

Sex

*Male*Color or  
Race*White*Birth-  
place*Maryland*

Occupation

*Farmer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Widowed*Name of Wife or  
HusbandFather's  
Name*William Morris*Father's  
Birthplace*Maryland*Mother's  
Maiden Name*Elizabeth Sinnard*Mother's  
Birthplace*Maryland*Name of person giving  
Information*John R. Keys*How related  
to deceased*Son-in-law.*

## CAUSES OF DEATH

*74*

Primary

*Neurosthenia*

How long

*Six months*

Immediate

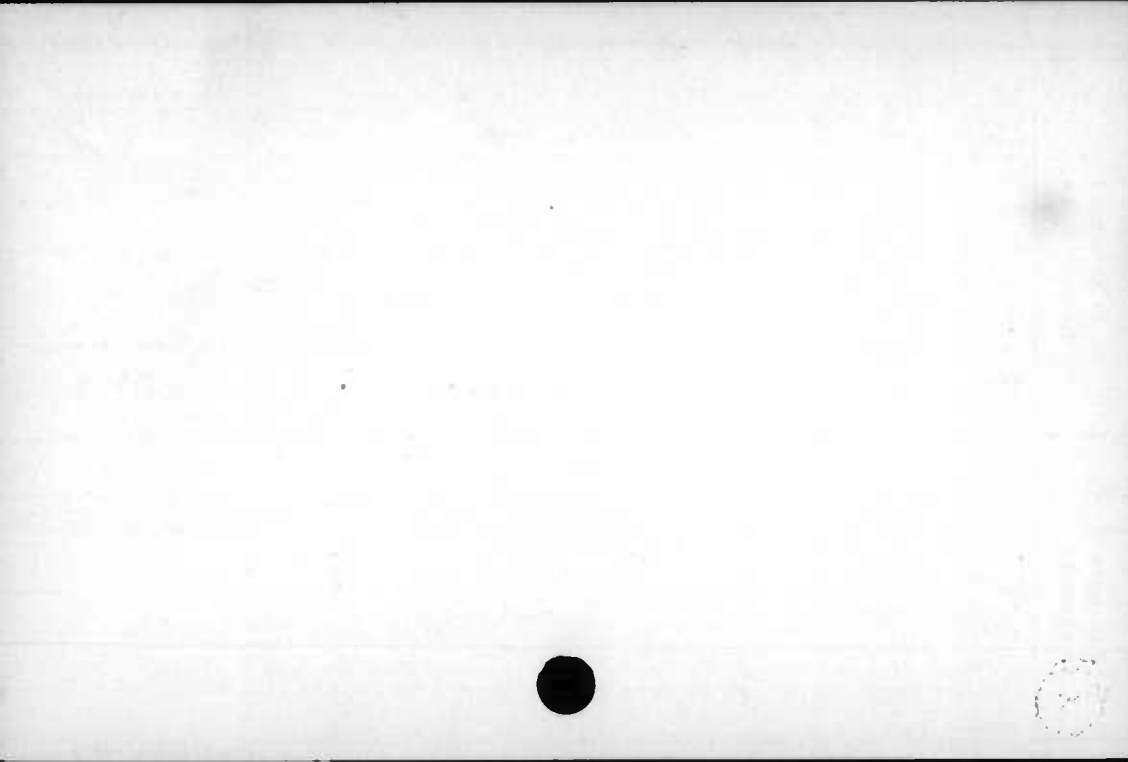
*Neurosthenia*

How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes -*Signature of  
Physician*Joseph B. Baerlein*

Address

*Foreland Bads. Lee.*PHYSICIAN  
OR CORONER



Name  
in  
Full

Mrs Bertha W. Muller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Windon Heights</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908 Jan 31</i>		Age <i>48</i>		Months <i>8</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Gotha Germany</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Fredrick Muller</i>				
Father's Name <i>Earnest Wolf</i>			Father's Birthplace <i>Germany</i>		
Mother's Name <i>Christina Wolf</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Fredrick Muller</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER <b>1</b>	Primary <i>La Grippe</i> { <i>Small History of Case - patient died when seen</i> } <i>How long About 3 weeks</i>
	Immediate <i>Syncope</i> <i>How long</i>
	Are the name, age, sex, color, date and place correctly given above?
	Signature of Physician <i>Harold W. Munn</i> Address <i>Dickerville Md.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Woodstock</i>		Town <i>Woodstock</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>27</i>	Age <i>92</i>	Years	Months	Days <i>1</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pa.</i>				
Occupation <i>Retired Farmer</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband <i>Margaret Baker</i>					
Father's Name <i>Henry Musselman</i>				Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Sarah Waggoner</i>				Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>Harry Musselman</i>				How related to deceased <i>nephew</i>			

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>severe incident to old age</i>	How long	<i>about a year</i>
Immediate	<i>old age</i>	How long	<i>about a year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geo. H. Wilson M.D.</i>	
		Address <i>Fowelsburg Md</i>	
Accident or Suicide?			

To be Burned at St. Giland Church

Name  
in  
Full

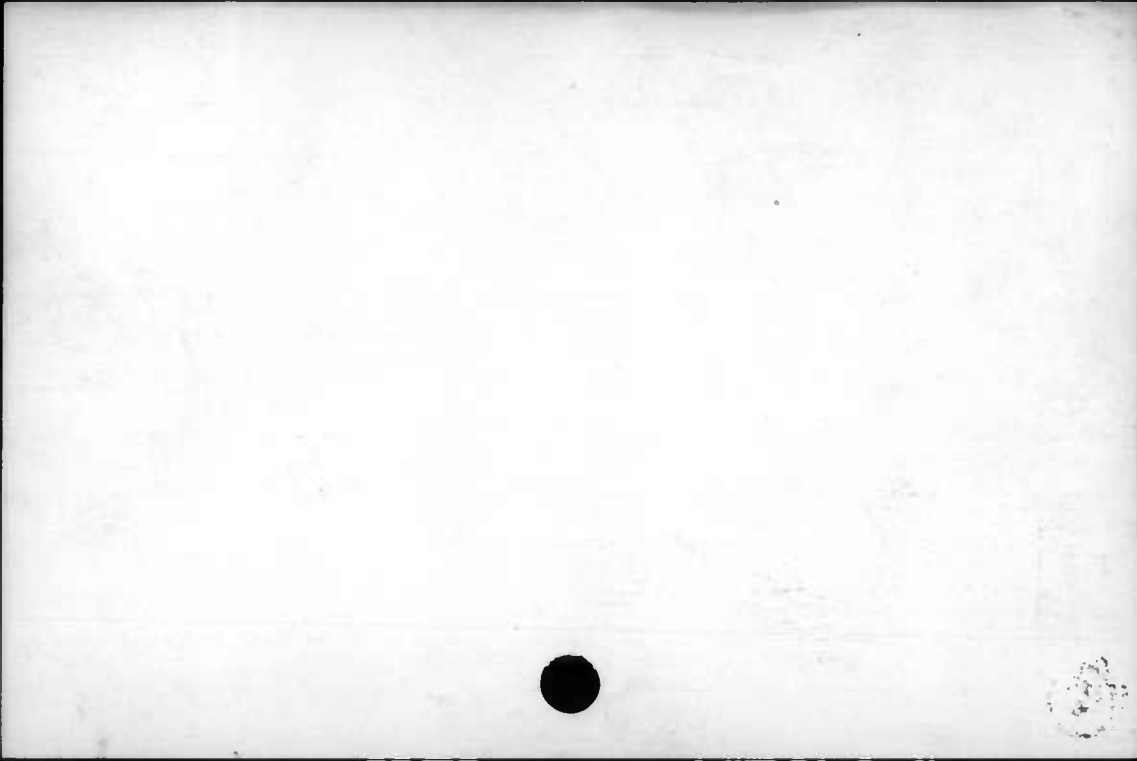
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Joseph Myers</i>		Town <i>Ellicott City</i>		County <i>Balto.</i>		MARYLAND							
Died at		Date of death <i>1908</i>		Month <i>January</i>		Day <i>24</i>		Years <i>about 70</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>									
Occupation				Where Residing if not at place of death									
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Caroline Warner</i>											
Father's Name <i>Abraham Myers</i>		Father's Birthplace <i>Maryland</i>											
Mother's Maiden Name <i>Susan Ann Green</i>		Mother's Birthplace <i>Maryland</i>											
Name of person giving information <i>Mary M. Clark</i>		How related to deceased <i>Sister</i>											
CAUSES OF DEATH													

PHYSICIAN  
OR CORONER

Primary <i>Organic Heart Disease</i>		How long <i>over 2 yrs</i>	
Immediate <i>Broken Compensation</i>		How long <i>12 hrs</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. C. Davis</i>	
		Address <i>Ellicott City</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

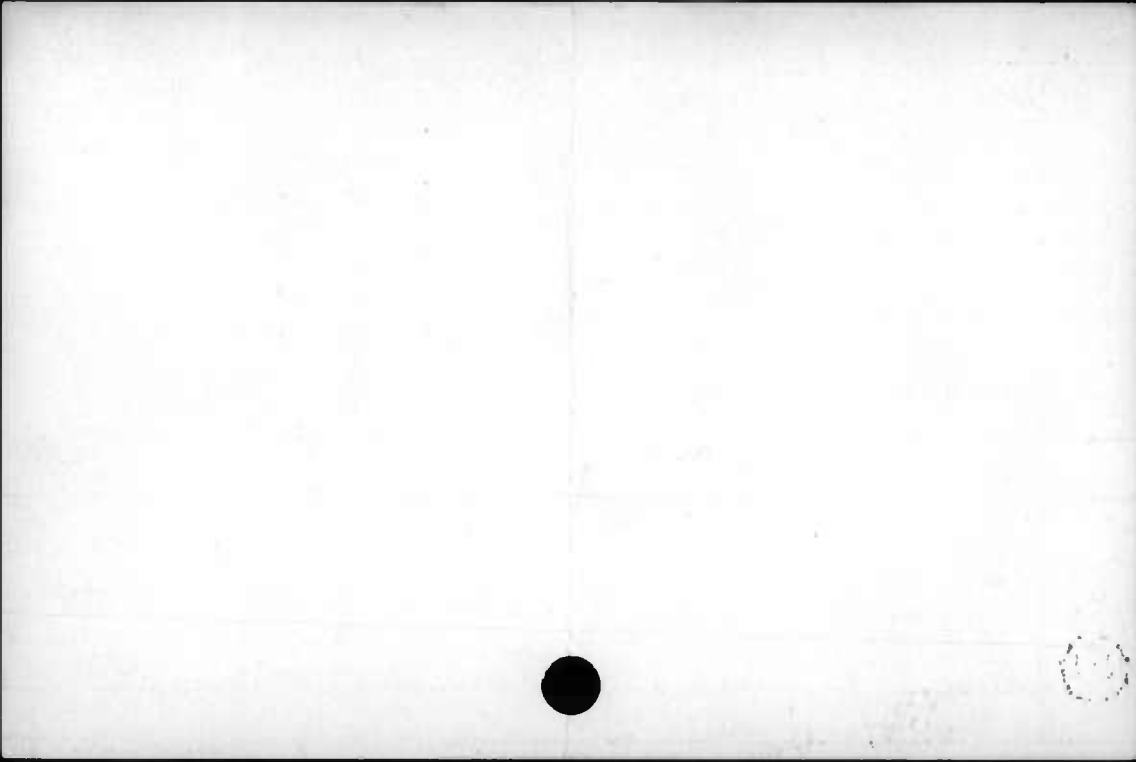
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Long Green</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Jan</i>	Day <i>18</i>	Age <i>81</i>	Months <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lydia Hafzinger</i>			
Father's Name <i>Peter Hafzinger</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Moses Hafzinger</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>"Inf"</i>	How long <i>three weeks</i>
Immediate <i>Pneumonia</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>J. S. Green</i>
	Address <i>Gittings</i>
Accident <input checked="" type="checkbox"/> Suicide?	



**TO BE ANSWERED BY  
NEAREST FRIEND**

# CERTIFICATE OF DEATH

## MARYLAND

Months	Days
<u>          </u>	<u>          </u>

Birth-place *Europe*

Where Residing if not  
at place of death *Gorau*

Wm Hedhardt

Father's Birthplace *Europe*

Mother's Birthplace *Europe*

How related to deceased Son in law

### CAUSES OF DEATH

79

How long one year

How long 7 weeks

Signature of Physician *Herbissud*

Accident or Suicide? *murder*

LIBRARY BUREAU A28810

Baltimore cemetery

Jan 14/1908

Wm Croft  
son of Martha W.



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Adolphus, William Notting Jr</i>		Town <i>Roland Park</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Month <i>January</i>		Day <i>14</i>		Years <i>70</i>	
Date of death <i>1908</i>		Months <i>3</i>		Days <i>27</i>			
Sex <i>male</i>		Color or Race <i>white American</i>		Birth-place <i>Richmond Va</i>			
Occupation <i>Retired</i>				Where Residing if not at place of death <i>Roland Park</i>			
Married, Single <input checked="" type="checkbox"/> Widowed		Name of <del>Widow</del> Husband					
Father's Name <i>A. W. Notting</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Johanna P.</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Wm. Notting</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

95

Primary	<i>Congestion lungs &amp; arterio sclerosis</i>	How long <i>10-12 days</i>
Immediate	<i>Exhaustion</i>	How long <i>4-5 days</i>

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*W. H. Kemp*  
*800 25th St Baltimore*

Accident or Suicide?

*Kemp 25th*

Stewart & Mowen Co.

Undertakers

215 - Park Ave.

Interment in Loudon Park Cemetery  
January - 16 - 1908.

It may appear strange to record  
Congestion of lung etc - but the  
Marrow remains that a pneumonia  
did not develop - and that  
the condition prevailed so long  
there was arterial sclerosis  
but not to great extent -  
The attack came on suddenly and  
death ensued because of the  
exhaustion ~~was~~ consequent upon  
the existing condition -

W. F. A. Kemp

July 14. 08

I append this note to prevent  
delay ~~in~~

R

Maryland Phone, North 199. C. & P. Phone Mt. Vernon 5411.

8 W. 25TH ST.

DR. W. F. A. KEMP,

PEABODY PHARMACY,

TRUITT & BACON, PROP'RS.

CALVERT & 30TH STS. BALTIMORE, MD.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Corra M. Morris</i>		Town <i>Roslyn</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Roslyn</i>		Month <i>1</i>		Day <i>6</i>		Years <i>30</i>	
Date of death <i>1908</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Balt. City</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Roslyn</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm. Morris</i>					
Father's Name <i>Do not know</i>		Father's Birthplace <i>Do not know</i>					
Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace <i>Do not know</i>					
Name of person giving information <i>Wm. Morris</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

116

PHYSICIAN  
CORONER

Primary <i>Acute General Peritonitis</i>		How long <i>2 days</i>	
Immediate <i>Cardiac Arrest</i>		How long <i>Immediate</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. C. S. Smith</i>	
		Address <i>Woodlawn St Md.</i>	
Accident or Suicide? <i>—</i>			

Jacob H. Kragh  
Good Hope Cemetery.

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Highlandtown</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>	
		Date of death <i>1908</i> <small>Month</small> <i>Jan.</i> <small>Day</small> <i>29</i>		Age <i>79</i> <small>Years</small> <i>3</i> <small>Months</small> <i>15</i> <small>Days</small>	
		Sex <i>Female</i>		Color or Race <i>White</i>	
		Occupation <i>None</i>		Birth-place <i>Virginia</i>	
		Where Residing if not at place of death			
TO BE ANSWERED BY NEAREST FRIEND		Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband	
		Father's Name <i>Charles H. Smith</i>		Father's Birthplace <i>Virginia</i>	
		Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>Not Known</i>	
		Name of person giving information <i>Sarah Scherwin</i>		How related to deceased <i>Daughter</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER <b>(1)</b>		Primary <i>Pneumonia</i>		How long	
		Immediate <i>Exhaustion</i>		How long	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. S. Warner</i>	
		Accident or Suicide? <i>No</i>		Address <i>1125 Highland Ave.</i>	

Mr. Samuel  
H. Sander & Sons  
Jan 31/08



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

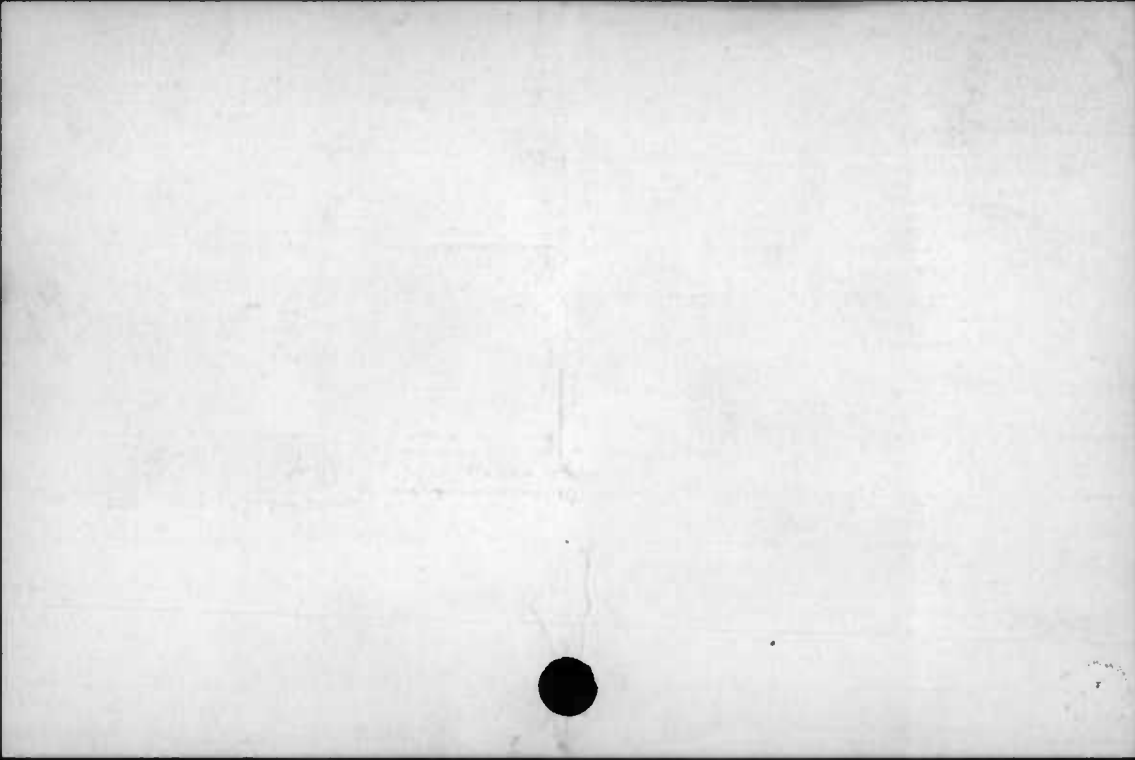
Name in Full <b>Henrietta Nowell</b>		Town <b>Sparrows Point</b>		County <b>Baltimore</b>		State <b>MARYLAND</b>	
Died at <b>Sparrows Point</b>		Month <b>Jan</b>		Day <b>19<sup>th</sup></b>		Years <b>50</b>	
Date of death <b>1908</b>		Month <b>Jan</b>		Day <b>19<sup>th</sup></b>		Age <b>50</b>	
Sex <b>Female</b>		Color or Race <b>col.</b>		Birth-place <b>Virginia</b>		Months <b>10</b>	
Occupation <b>House wife</b>		Where Residing if not at place of death <b>Sparrows Point</b>		Days			
Married, <del>Single</del> <b>Widowed</b>		Name of Wife or Husband <b>George L. Nowell</b>		Father's Birthplace <b>Va</b>		Mother's Birthplace <b>—</b>	
Father's Name <b>John Smith</b>		Mother's Maiden Name <b>dont know</b>		How related to deceased <b>Husband</b>			
Name of person giving information <b>Geo. L. Nowell</b>							

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <b>Paralysis. — (Hemiplegia)</b>	How long <b>4 years</b>
Immediate <b>Cerebral Haemorrhage</b>	How long <b>4 hours</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>G. B. McCormick M.D.</b>
	Address <b>Sparrows Point</b>
Accident or Suicide? <b>no</b>	<b>no</b>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Joseph Ortt</i>			Town <i>Canton</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death		Month	Day	Age	Years	Months
		<i>1908</i>		<i>Jan.</i>	<i>19</i>	<i>49</i>		
Sex		Color or Race		Birth-place				
<i>Male</i>		<i>White</i>		<i>Ind</i>				
Occupation				Where Residing if not at place of death				
<i>Laborer</i>				<i>_____</i>				
Married, Single or Widowed		Name of Wife or Husband						
<i>Married</i>		<i>Mary Braunschweiger</i>						
Father's Name		Father's Birthplace						
<i>don't know</i>		<i>Germany</i>						
Mother's Maiden Name		Mother's Birthplace						
<i>don't know</i>		<i>"</i>						
Name of person giving information		How related to deceased						
<i>Mary Ortt</i>		<i>Wife</i>						

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary		How long	
<i>Shock due to fall of 25 to 30 feet</i>		<i>about 11 hours</i>	
Immediate		How long	
<i>cardiac syncope</i>		<i>same time -</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>David W. Jones</i>	
		Address	
		<i>3116 O'Donnell St</i>	
Accident			
<i>no</i>			

Sacred Heart Cemetery

January 22<sup>nd</sup> 1908

Germanus France

Vander Water

Name  
in  
Full

Mrs Clarissa Ann Peach

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

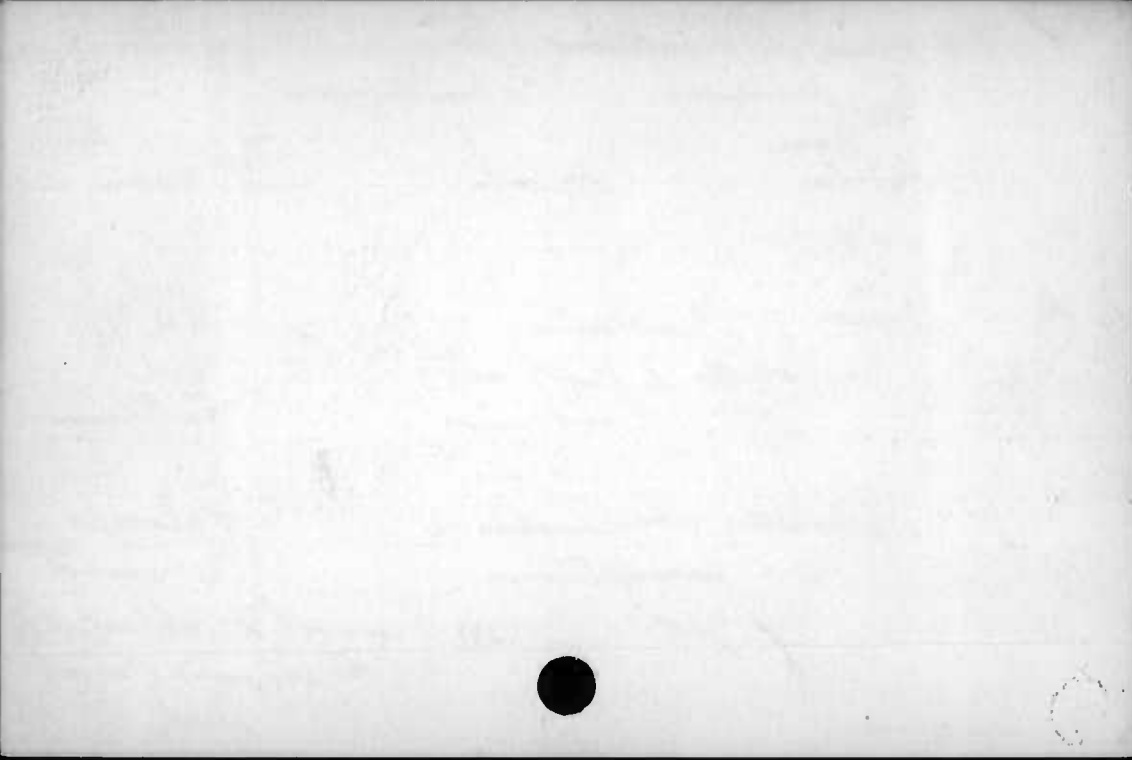
Died at <i>Crimmings Mills</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Jan</i>		Day <i>25</i>		Age <i>87</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co</i>		Months	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>John. R. Peach</i>					
Father's Name <i>Jasper Gosnell</i>		Father's Birthplace					
Mother's Maiden Name <i>Sarah Clarke</i>		Mother's Birthplace					
Name of person giving information <i>Mrs Lily Peach. Cotton</i>		How related to deceased <i>Daughter.</i>					

## CAUSES OF DEATH

154

Primary <i>Old age &amp; general debility</i>	How long
Immediate <i>Exhaustion</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>O. N. Duwall</i>
	Address <i>1326 N. Mount St</i>
	<i>Baltimore</i>
Accident or Suicide?	

PHYSICIAN  
OR  
CROWNER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>William J. Perkins Jr</i>		Town <i>St. Helena</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>St. Helena</i>		Month <i>June</i>		Day <i>10</i>		Years <i>1</i>	
Date of death <i>1905</i>		Month <i>June</i>		Day <i>10</i>		Years <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>St. Helena Md.</i>		Months <i>4</i>	
Occupation <i>Wm</i>		Where Residing if not at place of death		Days <i>25</i>			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Wm J Perkins</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Elizabeth E Roberts</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Wm J Perkins</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<i>Bronchitis Pneumonia</i>	How long	<i>5 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frank C Eldred MD</i>	
<i>yes</i>		Address <i>Spencer Point Md</i>	
Accident or Suicide?			

Mr. Samuel Kern.  
Hermig & Son  
1/13/08



Name  
in  
Full

William Pearson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Catonsville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>12</i>	Age <i>65?</i> Years	Months <i>Unknown</i>	Days <i>Unknown</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>England</i>		
Occupation <i>Florist</i>		Where Residing if not at place of death <i>—</i>			
<del>Married, Single</del> or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving Information <i>William A. Scott</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

56

PHYSICIAN  
OR CORONER

Primary <i>Chronic Alcoholism</i>	How long <i>Indefinite time</i>
Immediate <i>Coronary Thrombosis</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Henry B. Whitney, Coroner</i>
	Address <i>Catonsville, Md</i>
Accident or Suicide? <input type="checkbox"/>	



Name  
in  
Full

Moses Pray

## CERTIFICATE OF DEATH

Town

County

Died at

Dunham Park

Balt. Co.

MARYLAND

Date

of death 1908

Month

Jan

Day

24

Years

Age

73

Months

Days

TO BE ANSWERED BY  
NEAREST FRIEND

Sex

Male

Color or  
Race

white

Birth-  
place

Germany

Occupation

Merchant

Where Residing if not  
at place of deathMarried, Single  
or Widowed

widow

Name of Wife or  
Husband

Tillie Pray (deceased)

Father's  
NameFather's  
Birthplace

Europe

Mother's  
Maiden NameMother's  
Birthplace

Europe

Name of person giving  
In formation

William Brown

How related  
to deceased

friend

## CAUSES OF DEATH

120

Primary

Senility

How long

Seventy  
six hours.

Immediate

Urinary Suppression Uremia

How long

36 hours.

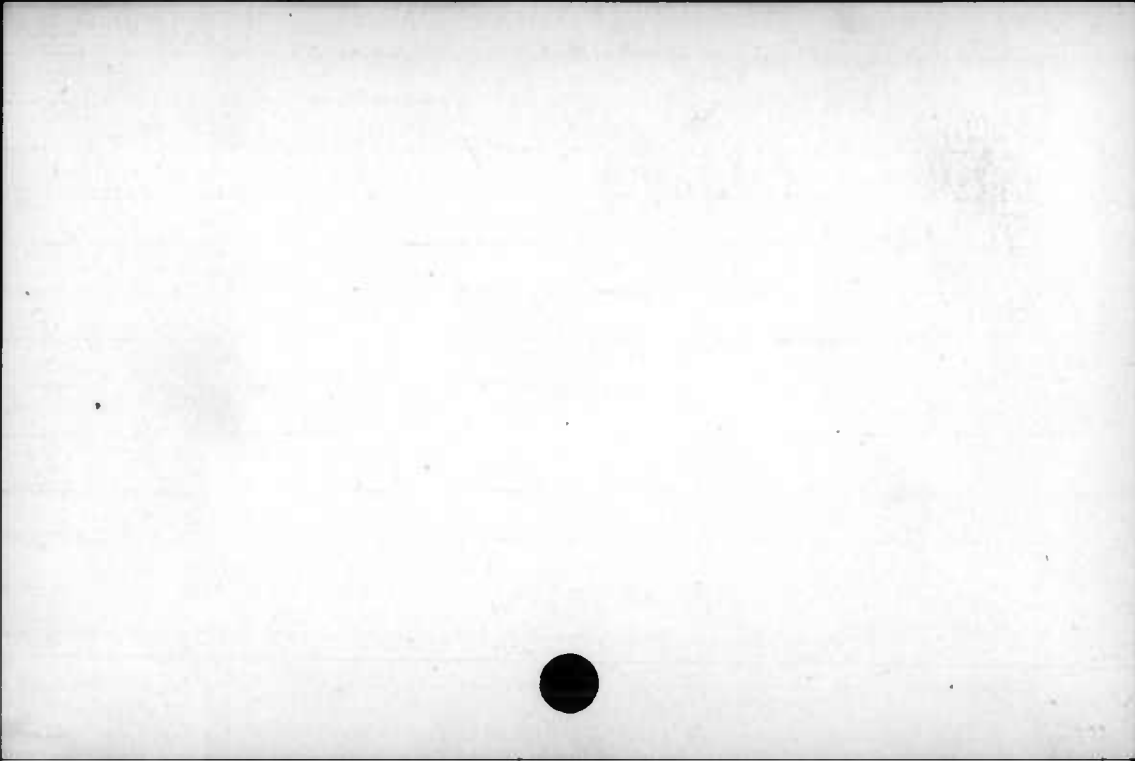
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Joseph Blum

Address

1816 Madison Ave

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

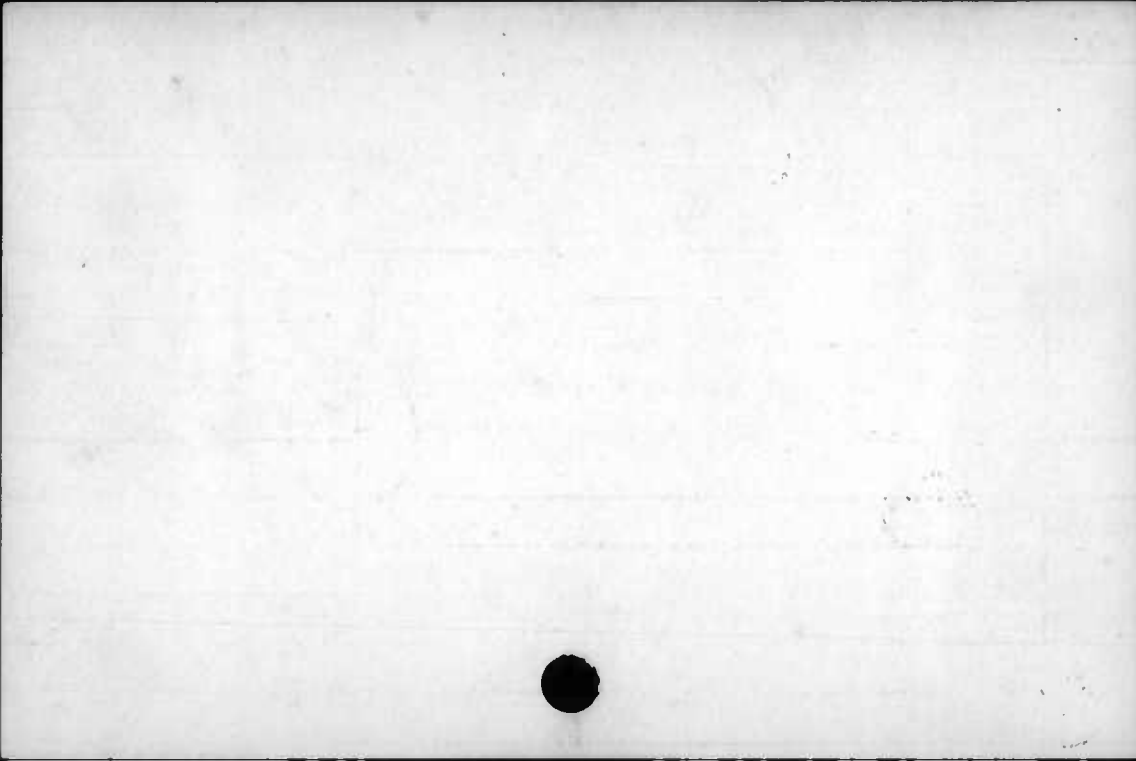
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Highlandtown</u> <sup>Town</sup>		<u>Punte</u> <sup>County</sup>		BALTO.	
Date of death	190 <u>8</u>	Month	<u>Jan.</u>	Day	<u>23</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Age	<u>Years</u>
Occupation	<u></u>	Where Residing if not at place of death	<u></u>	Months	<u></u>
Married, Single or Widowed	<u></u>	Name of Wife or Husband	<u></u>	Birth-place	<u></u>
Father's Name	<u>Bernard Punte</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>Mary Klogman</u>			Mother's Birthplace	<u>Balto Md</u>
Name of person giving information	<u>Bernard Punte</u>			How related to deceased	<u>Attu</u>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Still birth - born dead.</u>	How long	<u></u>
Immediate	<u></u>	How long	<u></u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>W.E. McManahan MD</u>
		Address	<u></u>
Accident or Suicide?			



Name in Full

Certificate of Death

Elijah Quickley

Town

County

Died at

Swift Air

Baltimore

MARYLAND

Date 1908 Jan 16

Month Day

Age 77 - Y. M. D.

Native of

Occupation

Maryland Farmer

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living 6

Husband

of

Ann Brown

Father's

Name

Zachariah Quick

Mother's

Name

Husbrown

Cause of

Primary

Old age

Death

Immediate

Paralysis

How long sick

(66)

Accident, Suicide, Homicide

Reported by

Lester J. Green

Address

Baltimore, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 79706





Name  
in  
Full

Albert A. Ramia

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Grange</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Jan.</i>	Day <i>25</i>	Age <i>51</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Baltimore</i>				
Occupation <i>Storekeeper</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William A. Ramia</i>				Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Margaret Linn</i>				Mother's Birthplace <i>Virginia</i>			
Name of person giving In formation <i>Robert Ramia</i>				How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>3 weeks.</i>
Immediate	<i>cardiac Failure</i>	How long	<i>1 day.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. F. A. Glantz</i>	
<i>Yes.</i>		Address <i>41 Eastern Ave. - E. 1.</i>	
Accident or Suicide?			

Dr. Glantz

Mt Carmel Conn.

H. Sander & Sons

Jan. 28/08

Name  
in  
Full

Margaret Reick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

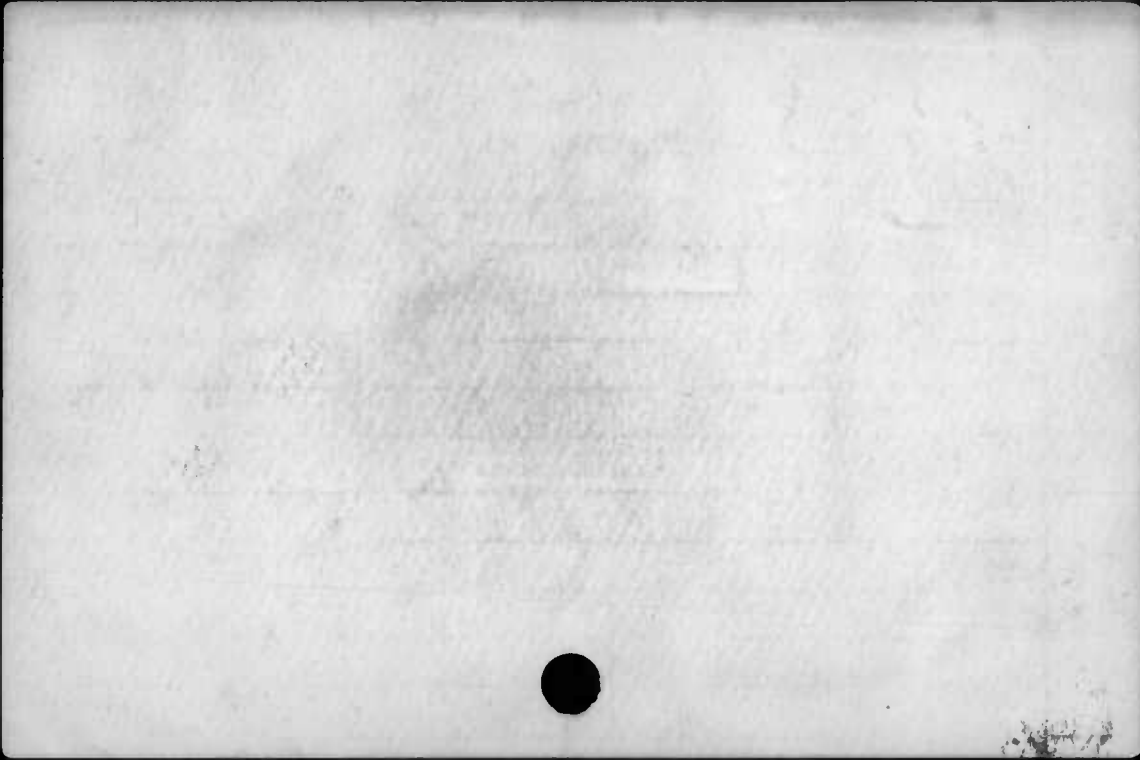
Died at <u>Balltown</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u> <sup>Year</sup>	<u>Jan</u> <sup>Month</sup>	<u>8</u> <sup>Day</sup>	<u>38</u> <sup>Years</sup>	<u>-</u> <sup>Months</sup>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Occupation	<u>-</u>	Where Residing if not at place of death		<u>Ingheside Ave</u>	
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>Henry Reick</u>		
Father's Name	<u>George Reick</u>	Father's Birthplace	<u>Germany</u>		
Mother's Maiden Name	<u>Margaret Reick</u>	Mother's Birthplace	<u>Germany</u>		
Name of person giving information	<u>Henry Reick</u>	How related to deceased	<u>Husband</u>		

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary Cause of the illness	How long	<u>six months</u>
Immediate Cause	How long	<u>4 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	<u>Dr. A. M. A. Mayes</u>
	Address	<u>1618 Madison Ave</u> <u>Baltimore Md.</u>
Accident or Suicide?	<u>no</u>	



Name  
in  
Full

Thomas Rister

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cockeysville</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Jan</i> <small>Month</small>	<i>29</i> <small>Day</small>	Age <i>49</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i>11</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Colored African</i>		Birth-place <i>Philopots Md</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>St Paul St Baltimore</i>				
Married, <del>Single</del> <i>Married</i>	Name of Wife <i>Emma Conway</i> <del>Wife</del> <i>Husband</i>				
Father's Name <i>John Brown</i>	Father's Birthplace <i>Philopots Md</i>				
Mother's Maiden Name <i>Susan Rister</i>	Mother's Birthplace <i>Hamford Md</i>				
Name of person giving information <i>Susan Rister</i>	How related to deceased <i>Mother</i>				

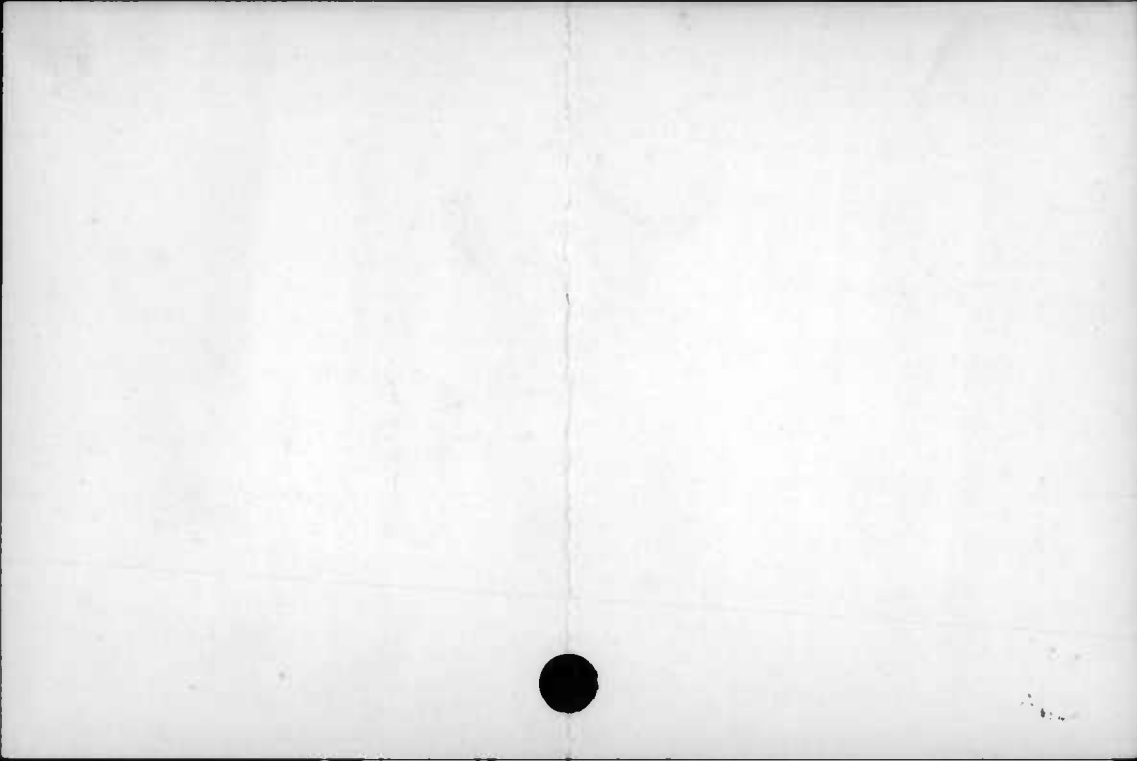
CAUSES OF DEATH

81

PHYSICIAN  
R CORONER

Primary <i>Aortic Aneurysm</i>	How long <i>20 years</i>
Immediate <i>Pulmonary congestion</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr T. B. Dawson</i>
	Address <i>Cockeysville Md</i>





Name  
in  
Full

Nicholas B. Richards

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lauraville</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>January</i>	Day	<i>10th</i>
Age		<i>51</i>	Years	Months	<i>5</i>
Sex		<i>Male</i>	Color or Race	<i>White</i>	Birthplace
Occupation		<i>Miller</i>		Where Residing if not at place of death	
<del>Married</del> Single		<i>Single</i>		Name of Wife or Husband	
Father's Name		<i>Edward Richards</i>		Father's Birthplace	
Mother's Maiden Name		<i>Rebecca B Read</i>		Mother's Birthplace	
Name of person giving information		<i>Nicola E. Richards</i>		How related to deceased	
				<i>Sister</i>	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Phthisis</i>	How long	<i>5 Months</i>
Immediate	<i>Pulmonary Phthisis</i>	How long	<i>5 Months</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Geary H. Long, M.D.</i>	
Address		<i>Hamiltons</i>	
Accident or Suicide?		<i>No</i>	

Princeton, N.J.

Oct 18 1877

Baltimore

12 Jan 1878

Friend

Dear Sir

I have

been thinking

of you

very much

and hope

to hear

from

you soon  
Yours  
Wm. Lloyd Garrison

and  
Baltimore  
Md.

Wm. Lloyd Garrison



Name  
in  
Full

Priscilla Rideout

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Catonsville</i> <sup>Int Town</sup>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>18</i>	Age <i>35</i>	Months	Days
Sex <i>female</i>	Color or Race <i>colored</i>		Birth-place <i>Balto Co</i>		
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>Catonsville Md</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Geo Rideout</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Marion Hall</i>	Mother's Birthplace <i>Balto Co</i>				
Name of person giving information <i>Geo Rideout Jr</i>	How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

42

PHYSICIAN  
OF CORONER

Primary <i>Carcinoma of Uterus</i>	How long <i>3 yrs</i>
Immediate <i>Arteriosclerosis</i>	How long <i>3 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Marshall B. West</i>
	Address <i>Catonsville Md.</i>
Accident or Suicide? <i>—</i>	



120

Name  
in  
Full

Dora Reimers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Leanton</i>		County <i>Balto</i>		MARYLAND	
Date of death 1908	Month <i>July</i>	Day <i>7</i>	Age <i>79</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>				
Married, Single or Widowed <i>Widow</i>			Occupation <i>None</i>				
Name of Wife or Husband <i>Not known</i>							
Father's Name <i>Not known</i>			Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Not known</i>			Mother's Birthplace <i>4</i>				
Name of person giving information <i>Henry Reimers</i>			How related to deceased <i>Son</i>				

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Terminal Pneumonia</i>	How long	<i>10 days</i>
Immediate	<i>Embarrasment</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. H. Stetey</i>	
		Address	
Accident or Suicide? <i>—</i>			

H W Eble

St. Paul County

Name  
in  
Full

Emma Goldie Ritter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lickeyville</u> <sup>Town</sup>		<u>Balto</u> <sup>County</sup> <u>Co.</u>		MARYLAND	
Date of death	<u>1908</u>	Month	<u>January</u>	Day	<u>2nd</u>
Age	<u>9</u>	Months	<u>27</u>	Days	
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Lickeyville</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Ernest H. Ritter</u>			Father's Birthplace	<u>Woodlawn</u> <sup>Balto Co.</sup>
Mother's Maiden Name	<u>Bessie E. Bowers</u>			Mother's Birthplace	<u>Finksburg</u> <sup>Carroll Co.</sup>
Name of person giving information	How related to deceased				

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<u>Lobar Pneumonia</u>	How long	<u>10 days</u>
Immediate	<u>Cardiac Arrhythmia</u>	How long	<u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>A. C. Smith</u>
		Address	<u>Woodlawn St</u> <u>Med.</u>
Accident or Suicide?	<u>—</u>		

Joe B Cook  
Bury at Int Alvie

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

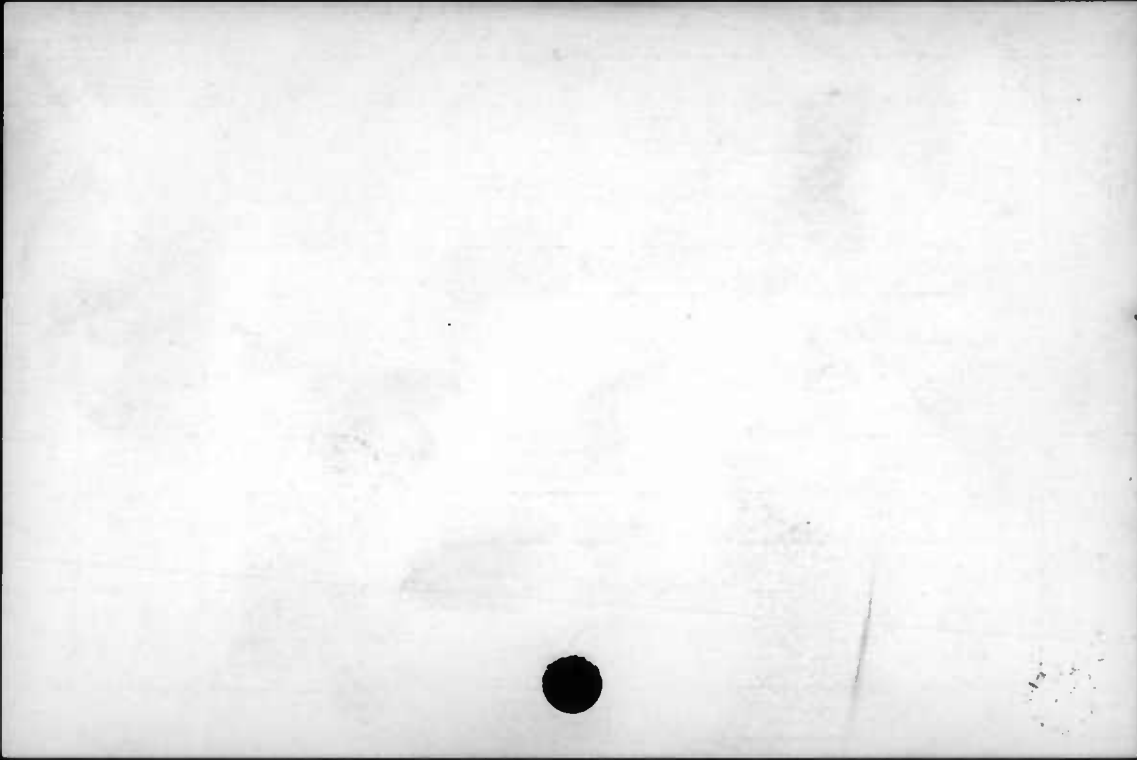
Name <i>Jesse Robinson</i>		County <i>Calto</i>		State <i>MARYLAND</i>	
Died at <i>Thistle Mills</i>		Town <i>Thistle Mills</i>		County <i>Calto</i>	
Date of death <i>1904</i>	Month <i>1</i>	Day <i>5</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Thistle Mills</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Harry Robinson</i>		Father's Birthplace <i>Oella Ind</i>			
Mother's Maiden Name <i>Florence May Covey</i>		Mother's Birthplace <i>Relay Ind.</i>			
Name of person giving information <i>Florence May Covey</i>		How related to deceased <i>W.ather</i>			

## CAUSES OF DEATH

54

PHYSICIAN  
OR CORONER

Primary	<i>General Anaemia</i>	How long	<i>Since birth</i>
Immediate	<i>Concussion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>D. E. Stultz M.D.</i>
		Address	<i>Catawissa Ind</i>
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Orangetown</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month <i>Jan</i>	Day <i>12</i>	Age <i>4</i>	Years <i>4</i>	Months <i>—</i>	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Ruppert</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Margaret Weismantel</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Margaret Ruppert</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Laryngeal Diphtheria</i>	How long <i>1 day</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. S. Sudler</i>
	Address <i>3440 E. Balto St</i>
Accident or Suicide?	

6th Floor  
H. Sander Sons

Name  
in  
Full

Emma E. Ruppert

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Orangeville		County Baltimore		MARYLAND	
Date of death		1908	Month Jan.	Day 8	Age 12	Years 3	Months 1
Sex Female		Color or Race White		Birth-place Baltimore			
Occupation Schoolgirl		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Henry Ruppert		Father's Birthplace Germany					
Mother's Maiden Name Margaret Wismanitell		Mother's Birthplace Germany					
Name of person giving information Henry Ruppert		How related to deceased Father					

## CAUSE OF DEATH

101

PHYSICIAN  
OR CORONER

Primary	Ligatures	How long	2 days
Immediate	Strangulation	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. D. Luder	
Address		3140 E. Baltimore Highland Cross	
Accident or Suicide?			

Dr. Sudder E. Balli St.  
Oak Lawn  
H. Sander son

Name  
in  
FullElizabeth Ryan  
Catonsville

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Catonsville

County Balto.

MARYLAND

Date of death 1908 Jan 23

Age 58

Months

Days

Sex female

Color or Race Colored

Birth-place Howard Co

Occupation Housewife

Where Residing if not at place of death Catonsville, Md

Married, Single or Widowed widow

Name of Wife or Husband Chas Ryan

Father's Name dont know

Father's Birthplace dont know

Mother's Maiden Name dont know

Mother's Birthplace dont know

Name of person giving information John W Ryan

How related to deceased Son

## CAUSES OF DEATH

120

Primary

Nephritis

How long

4 mos

Immediate

Uremia

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Marshall B West,

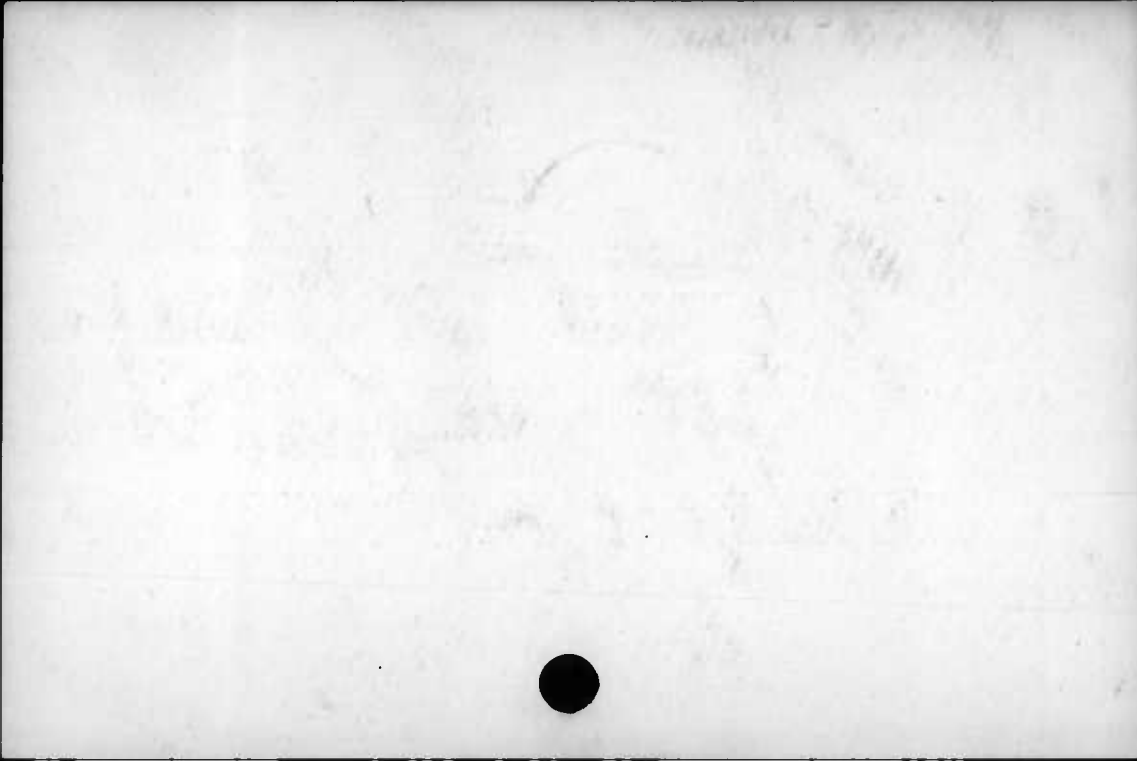
Address

Catonsville, Md

Accident or Suicide?

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

CERTIFICATE OF DEATH

Died at

John Sauer  
Sextonville

Town

County

Balto

MARYLAND

Date

of death 1908

Month

1

Day

25

Age

Years

23

Months

Days

Sex

Male

Color or  
Race

white

Birth-  
place

Balt Md

Occupation

Brakeman

Where Residing If not  
at place of death

2144 S. Charles St

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Bertha Sauer

Father's  
Name

Chapman Sauer

Father's  
Birthplace

Not Known

Mother's  
Maiden Name

Not Known

Mother's  
Birthplace

Not Known

Name of person giving  
information

Henry F. Lindernay

How related  
to deceased

Brother in law

## CAUSES OF DEATH

Primary

Falling from B. &amp; O. R. R. Train

How long

Immediate

Immediate

Cut in Body by wheels.

How long

" "

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

August W. Miller, Coroner

Address

Mr. Wmains

Balt. B. Md.

Accident

Accident

LIBRARY BUREAU ADDRESS

TO BE ANSWERED BY  
NEAREST FRIEND1  
PHYSICIAN  
OR CORONER

Tickner & Son

Camelet unknown



Name  
in  
Full

Rosa L. Savage (Infant)

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

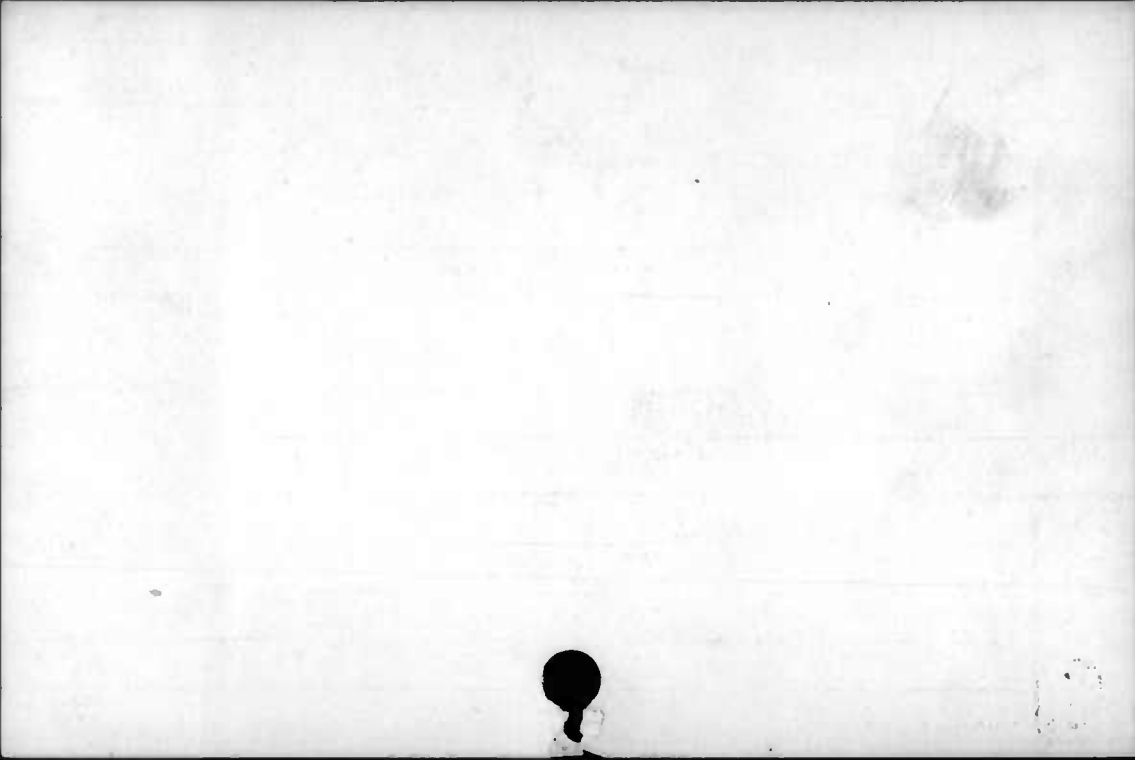
Died at		Town Hullsville		County Balt.		MARYLAND	
Date of death		1908	Month Jan	Day 16	Age no	Months 2	Days 3
Sex female		Color or Race colored		Birth- place Hullsville			
Occupation none		Where Residing if not at place of death					
Married, Single or Widowed Infant		Name of Wife or Husband					
Father's Name Edward Savage		Father's Birthplace Cherry Hill					
Mother's Maiden Name Rosa L. Agel		Mother's Birthplace Mikesville					
Name of person giving In formation Edward Savage		How related to deceased Father					

## CAUSES OF DEATH

151

PHYSICIAN  
OR  
CORONER

Primary	Congenital Debility		How long	2 months
Immediate	Bronchitis		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician R. Williams	
			Address Mt. Wiggins	
Accident or Suicide?			med	



Name  
In  
Full

Clara Marie Schenning

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>Town</sup>		<i>Balto.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>24<sup>th</sup></i>	Age <i>—</i>	Months <i>10</i>	Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto Co.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Henry Schenning</i>		Father's Birthplace <i>N.Y.</i>			
Mother's Maiden Name <i>Anna Funke</i>		Mother's Birthplace <i>Balto Co. Md.</i>			
Name of person giving information <i>Henry Schenning</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Cholera</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Schofield</i>
	Address <i>1600 First St</i>
Accident or Suicide? <i>—</i>	

Sacred Heart Cemetery

Jan 26<sup>th</sup> 1908

Germanus France

Undertaker

Name  
in  
Full

Fredrick Schroetter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

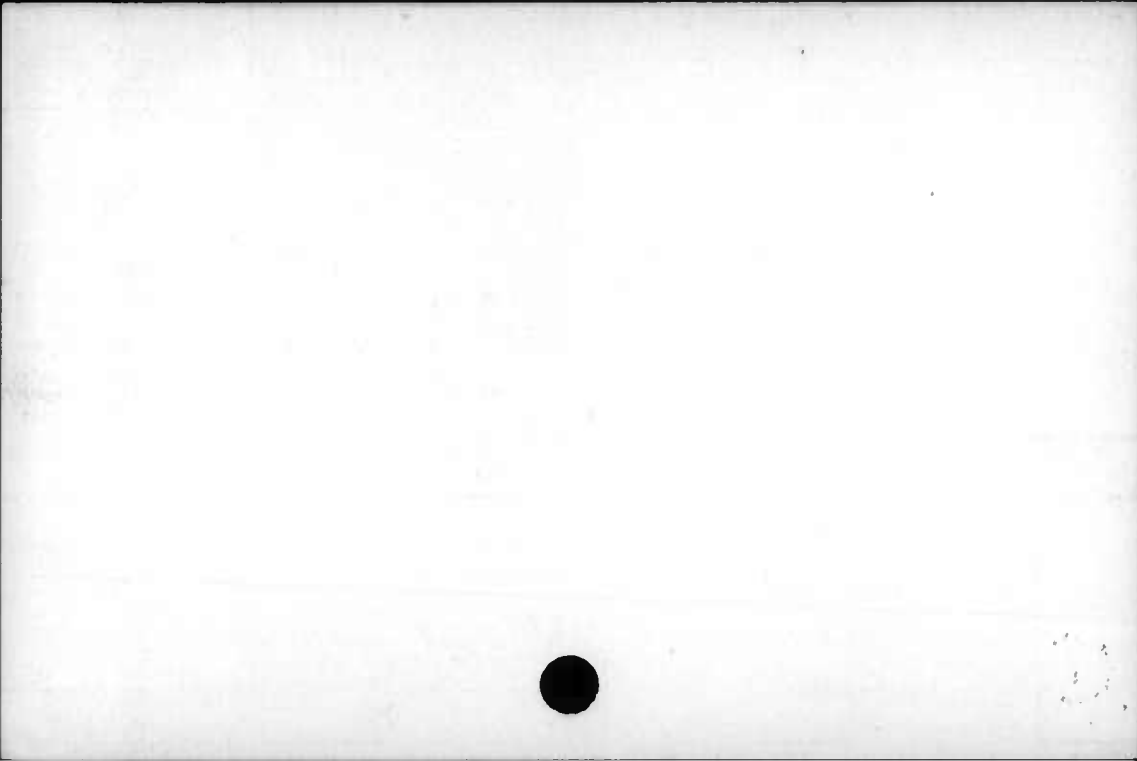
Died at <u>Baltimore</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>21st</u>	Age <u>64</u>	Years	Months
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Germany</u>		
Occupation <u>Shoemaker</u>	Where Residing if not at place of death <u>1532-Foster Alley</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Unknown</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Germany</u>		Mother's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Unknown</u>	How related to deceased <u>Not related</u>				
Name of person giving information <u>Dr. Alex. P. Harrison</u>					

## CAUSES OF DEATH

79

PHYSICIAN  
OCCUPATION

Primary <u>Aortic Insufficiency</u>	How long <u>Several years</u>	Exact time <u>unknown</u>
Immediate <u>Oedema of Lungs</u>	How long <u>2 days</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Alex. P. Harrison M.D.</u>	
	Address <u>St. Agnes Hospital</u>	
Accident or Suicide? <u>No</u>		



Name  
in  
Full

Frank. Schultz

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

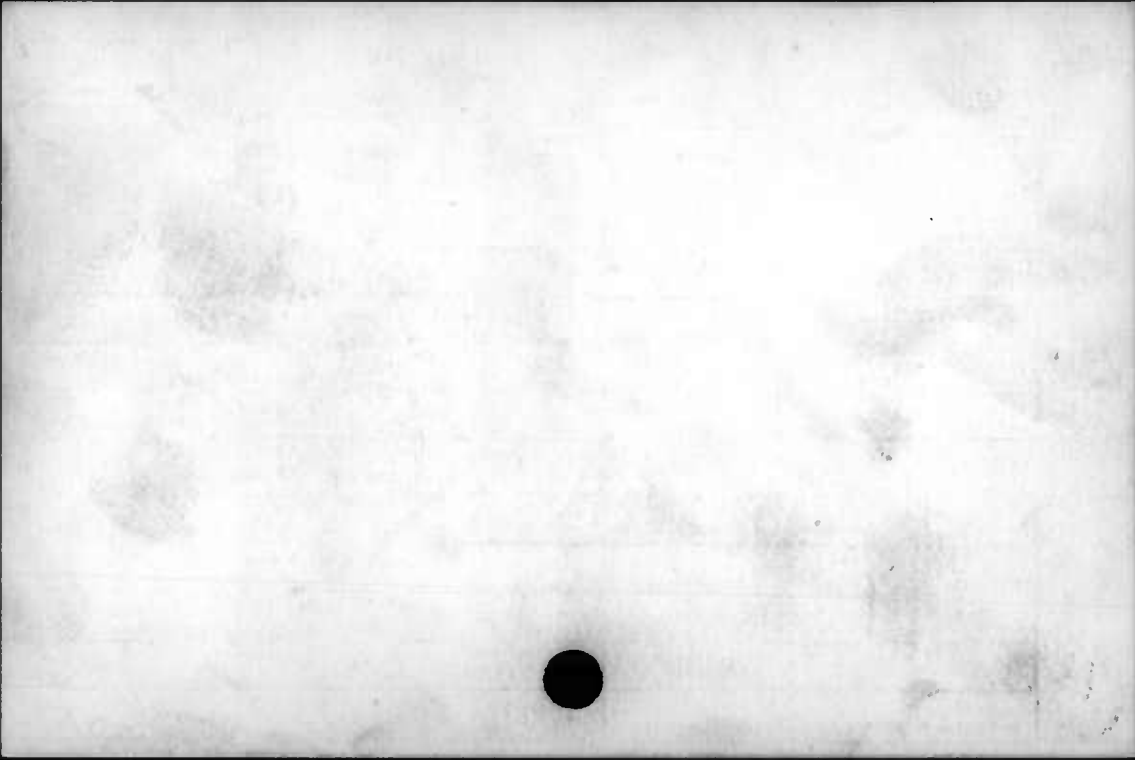
Died at <i>Arnolds addition</i>		Town		County <i>Balto</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>1</i>	Day <i>7</i>	Age <i>—</i>		Months <i>7</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Balto. Co. Md</i>			
Occupation <i>Infant</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Anton Schultz</i>		Father's Birthplace <i>Balto. Mo</i>					
Mother's Maiden Name <i>Katie Hrisor</i>		Mother's Birthplace <i>Balto. Co. Md</i>					
Name of person giving information <i>Katie Schultz</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
CORONER

Primary <i>Heart failure</i>	How long <i>Immediate</i>
Immediate <i>Heart failure</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>August W. Miller</i>
	Address <i>Mt Winans</i>
Accident or Suicide?	<i>Balto. Co. Md</i>





Name  
in  
Full

CERTIFICATE OF DEATH

*Henry C. Schultz*

TO BE ANSWERED BY  
NEAREST FRIEND

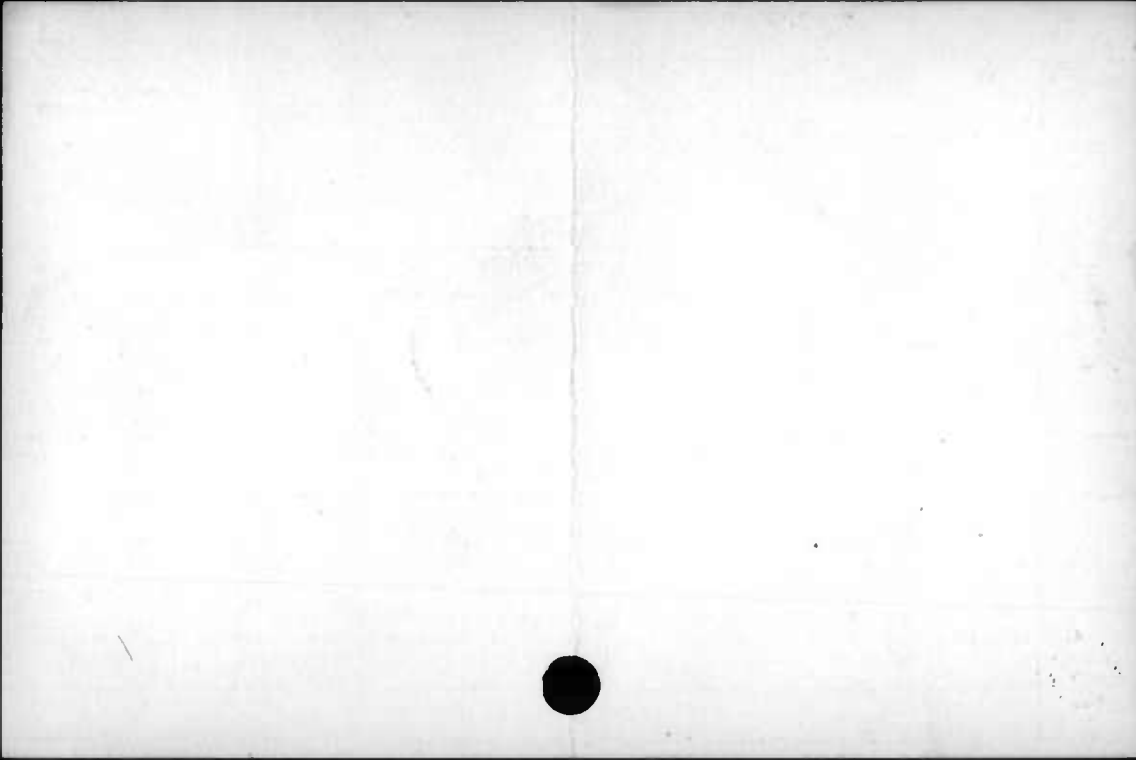
Died at <i>Long Green</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	Jan.	Day	23
Age	54	Years		Months	11
				Days	23
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Birthplace	<i>Germany</i>				
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>		Name of Wife	<i>Terese Brown</i>	
Father's Name	<i>Unknown</i>		Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>Terese Schultz</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

(93)

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>7 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Dr. L. Green</i>	
		Address	
		<i>Guttings, Ind.</i>	
Accident or Suicide			



Name  
in  
Full

Mary Minnett Schulz

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

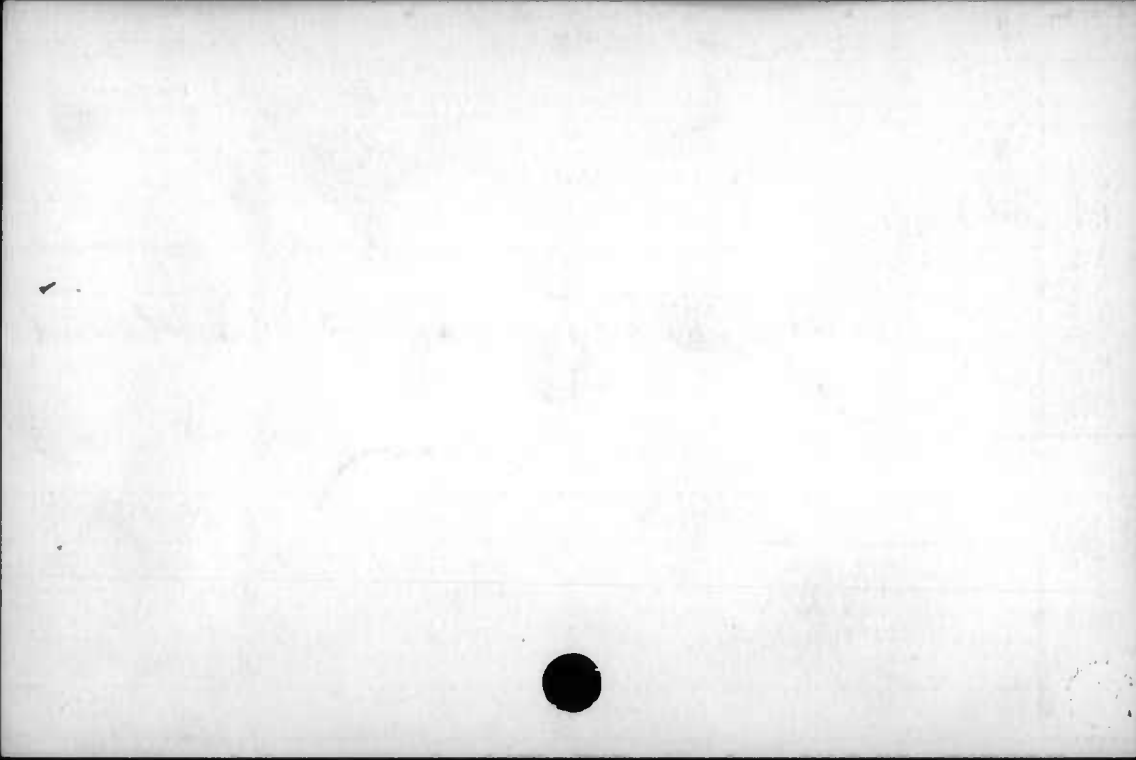
Died at		Town Bellevue		County Balto		MARYLAND	
Date of death	1908	Month January	Day 18th	Age	Years —	Months +	Days 7
Sex	Female		Color or Race	White		Birth- place	Bellevue Balto Md
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	William Schulz					Father's Birthplace	Balto Md
Mother's Maiden Name	Lillian Talley					Mother's Birthplace	Balto Md
Name of person giving In formation	William Schultz					How related to deceased	Father

CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	Broncho Pneumonia	How long	2 days
Immediate	Dyspnea	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
Accident or Suicide?	Joseph B. Wilbur M.D. Racineburg Ind.		



Name  
in  
Full

Isma Barneo

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Meers</u> Town		<u>Beth</u> County			
Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>20</u>	Age <u>13</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Brown</u>		Birth-place <u>Bethesda</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>Bethesda</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Wm. A. Barneo</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Supr. Ins. Wm. Barneo</u>			How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>8 weeks</u>
Immediate <u>Tuberculosis Pulmonitis</u>	How long <u>2 to 3 wks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. Winsey</u>
	Address <u>1220 E. 7th St</u>
Accident or Suicide?	

N. S. Marshall

3539 Falk Road

Milvale Home Cemetery  
Jan 10-08-

Name  
in  
Full

Birzidda Seward

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>January</i> <sup>Month</sup>	<i>14</i> <sup>Day</sup>	Age <i>73</i> <sup>Years</sup>	<i>11</i> <sup>Months</sup>	<i>14</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Faylers Island</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>613 Pratt St Ept</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Edmon Seward</i>				
Father's Name <i>James Hutcherson</i>	Father's Birthplace <i>Scotland</i>				
Mother Maiden Name <i>Nellie Phillipps</i>	Mother's Birthplace				
Name of person giving information <i>Anton Arnold</i>			How related to deceased <i>Grandson</i>		

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>La Grippe</i>	How long <i>18 hours</i>
Immediate <i>Heart failure</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Schlieder</i>
	Address <i>3414 E. Baltimore St. Md.</i>
Accident or Suicide?	

Joe J. Horn  
Bart's Cemetery



Name  
in  
Full

Mrs Martha A. E. Sharrett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Catonville</i>		Town <i>Baldwin</i>		County		MARYLAND	
Date of death <i>1902</i>	Month <i>Jan</i>	Day <i>2nd</i>	Age <i>83</i>	Years	Months <i>11</i>	Days <i>16</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Washington D. C.</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>Place of Death</i>						
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>John S. Sharrett</i>						
Father's Name <i>Samuel Brunton</i>	Father's Birthplace <i>England</i>						
Mother's Maiden Name <i>Mary Ann Taylor</i>	Mother's Birthplace <i>England</i>						
Name of person giving information <i>J. S. Sharrett</i>	How related to deceased <i>son</i>						

## CAUSES OF DEATH

154

PHYSICIAN  
OR  
CORONER

Primary <i>Old age</i>	How long
Immediate <i>Systolic "Inanition"</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Chastkaeja</i>
	Address <i>Catonville</i>
Accident or Suicide?	<i>M. J.</i>

E. Madison Childs  
London Park.

Name  
in  
Full

Howard Shawen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Highlandtown</u> <sup>Town</sup>		<u>Baets</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	Month <u>Jan.</u>	Day <u>1</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u> Days <u>1/2</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Mo</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Howard B. Shawen</u>			Father's Birthplace <u>Mo</u>		
Mother's Maiden Name <u>Daisy M. Haines</u>			Mother's Birthplace <u>Mo</u>		
Name of person giving information <u>Howard B. Shawen</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

157

PHYSICIAN  
OR CORONER

Primary	<u>Premature birth</u>		How long <u>7 mos.</u>
Immediate			
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>Dr. J. A. Slautsky</u>	Address <u>41 East Ave. Ch.</u>
Accident or Suicide?			

Driving to  
Hood River,  
Carroll Co.  
Id.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Texas</i> <sup>Town</sup>		<i>Dall</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i> <sup>Year</sup>	<i>June</i> <sup>Month</sup>	<i>10</i> <sup>Day</sup>	Age	<i>10</i> <sup>Years</sup>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Texas</i>
Occupation	<i>Engineer</i>	Where Residing if not at place of death		<i>Texas</i>	
Married, Single or Widowed	Name of Wife or Husband		<i>Gemmie Shea</i>		
Father's Name	<i>John Shea</i>		Father's Birthplace	<i>Ireland</i>	
Mother's Maiden Name	<i>Mary Burk</i>		Mother's Birthplace	<i>Ireland</i>	
Name of person giving information	<i>Margaret Kennedy</i>		How related to deceased	<i>Sister</i>	

## CAUSES OF DEATH


Primary	<i>Bulbar Paralysis</i>	How long	<i>Last attack about 6 weeks</i>
Immediate	<i>L. Griffl and Cardiac Poisons</i>	How long	<i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>B. T. Rousey</i>
		Address	<i>Texas Mch</i>
Accident or Suicide?			

PHYSICIAN  
OR CORONER

Funeral Taper in

13 in

Mr C. Parker

Name in Full		William Spears				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Calverton <sup>Town</sup>		Baltimore <sup>County</sup>		MARYLAND
	Date of death		1908	Jan	27	Age	69
	Sex		Male		Color or Race		Colored
	Occupation		Laborer		Birth- place		Virginia
	Where Residing if not at place of death						
	Married, Single or Widowed		Widowed		Name of Wife or Husband		
	Father's Name		Not known		Father's Birthplace		
	Mother's Maiden Name		Not known		Mother's Birthplace		
Name of person giving In formation		Bessie Spears		How related to deceased		Daughter in law	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">10</div>							
PHYSICIAN CORNER	Primary		Grippe.		How long		
	Immediate		Pneumonia		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
			Address				
Accident or Suicide?		<div style="text-align: center;">  </div>					





Name  
in  
Full

E. A. Sheeks (Edward Adolphus)

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pikesville</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>3</i>	Age <i>70</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Labourer</i>			Where Residing if not at place of death <i>Pikesville</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Do not know</i>			Father's Birthplace <i>Do not know</i>		
Mother's Maiden Name <i>Do not know</i>			Mother's Birthplace <i>Do not know</i>		
Name of person giving information <i>H. H. Mathews</i>			How related to deceased <i>None</i>		

## CAUSES OF DEATH

112

PHYSICIAN  
OR CORONER

Primary	<i>Atrophic Cirrhosis Liver</i>	How long	<i>don't know</i>
Immediate	<i>" "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>M. E. M.</i>	
		Address <i>Pikesville Md.</i>	
Accident or Suicide?			

Jacob H. Krapf  
St. Charles —

Name  
In  
Full

Thomas. B. Sherman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Evergreen Charlotte Co* *Balto Co*Date of death *1908* *Jan* *14* *Age* *50* *Months* *4* *Days* *14*Sex *Male* Color or Race *white* Birth-place *Alld*  
Occupation *Sea Capt.* Where Residing if not at place of death *at Place of Death*Married, Single or Widowed *Married* Name of Wife or Husband *Nutter V. Sherman*Father's Name *Ally Sherman* Father's Birthplace *Wid*Mother's Maiden Name *Evelan Newport* Mother's Birthplace *Wid*Name of person giving information *Nutter V. Sherman* How related to deceased *Wife*

## CAUSES OF DEATH

79

Primary *Heart Disease* How long *Several months*  
Immediate *Exhaustion* How long *1 week*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *E. H. Duncan*

Address

*Goravstown Md*

Accident or Suicide?

H. S. Marshall  
3509 Fall Road  
← Cambridge  
Md

Name  
in  
Full

Bernard Peter Sheve

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

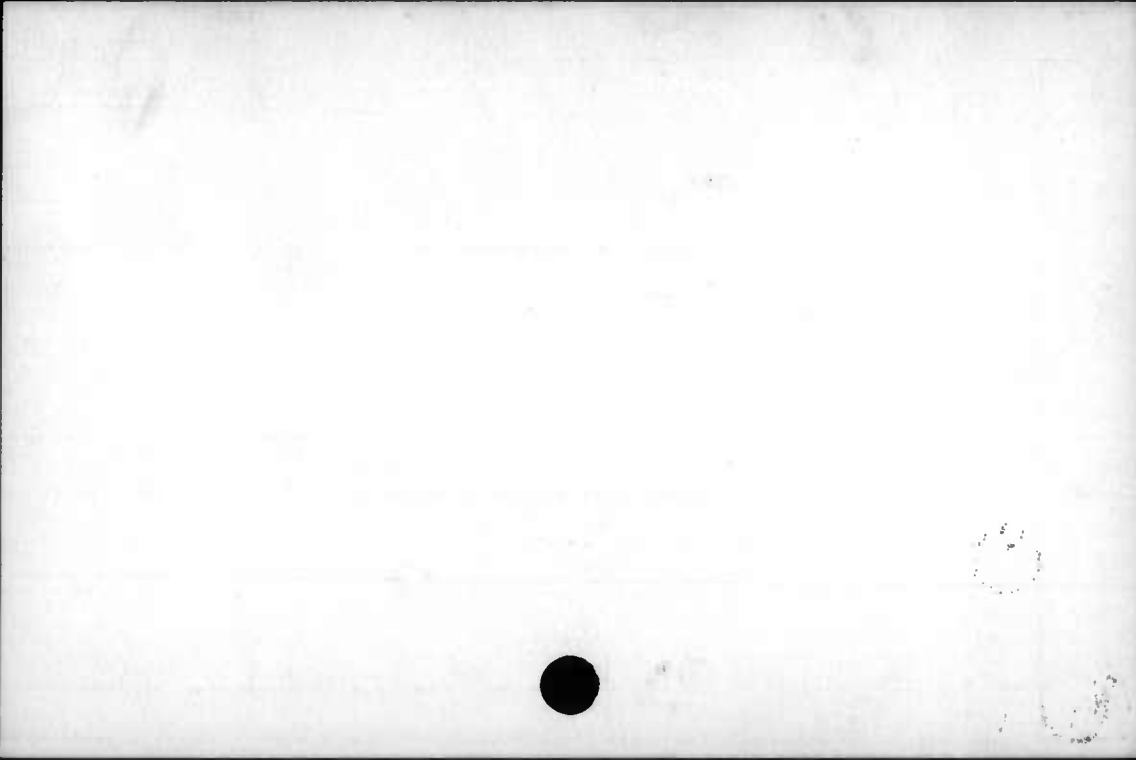
Died at <i>St. Agn's Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1908 Jan 1st</i>		Month <i>Jan</i>		Day <i>1st</i>		Age <i>51</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>United States</i>		Months <i>—</i>	
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>St. Agn's Hospital</i>		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Unknown</i>	
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>		Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>	
Name of person giving information <i>Dr. Harrison</i>		How related to deceased <i>27</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Milliary Tuberculosis</i>	How long <i>Two months</i>
Immediate <i>Tuberculous pneumonia</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. P. Sandrock</i>
	Address <i>St. Agn's Hospital</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Celestina S Shultz

Town

County

Died at Near Hampstead

MARYLAND

Date 19 08

Month

Day

Y.

M.

D.

Native of

Occupation

Age 1, 2, 23

Maryland

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pulmonary Pneumonia

How long sick

9 days

Death

Immediate

Bad heart failure

Accident, Suicide, Homicide

Reported by

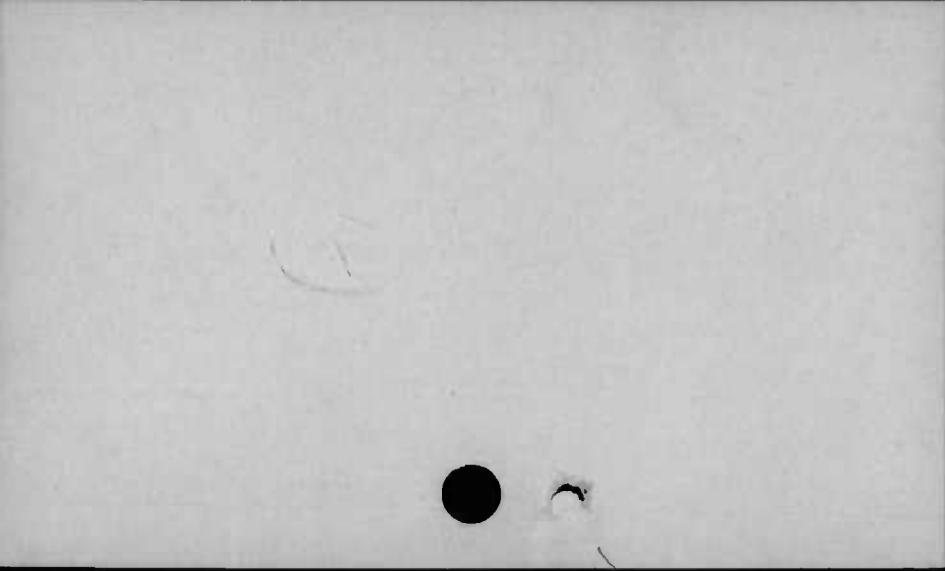
Signed

Mr R F Richards

Hampstead M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7089A





Name  
in  
Full

Elizabeth Simpler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hightstown		County Baltimore		MARYLAND	
Date of death		1908	Month Jan	Day 19	Age 36	Years	Months —
Sex		Female		Color or Race		White	
Occupation		Housework		Where Residing if not at place of death		Md.	
Married, Single or Widowed		Widow		Name of Wife or Husband		James C. Simpler	
Father's Name		Robert C. Cramer		Father's Birthplace		N. J.	
Mother's Maiden Name		Ella Bowen		Mother's Birthplace		Md.	
Name of person giving Information		George S. Padgett		How related to deceased		Brother in law	

## CAUSES OF DEATH

115

PHYSICIAN  
OR CORONERPrimary  
Intoxication, Spleen  
Exhaustion

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

H. J. Sudler  
3441 E. Balto St

Accident or Suicide?

Oak Lawn Cemetery

January 21<sup>st</sup> 1908

Germanus France

Under later

Name  
in  
Full

Teresa Skelton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

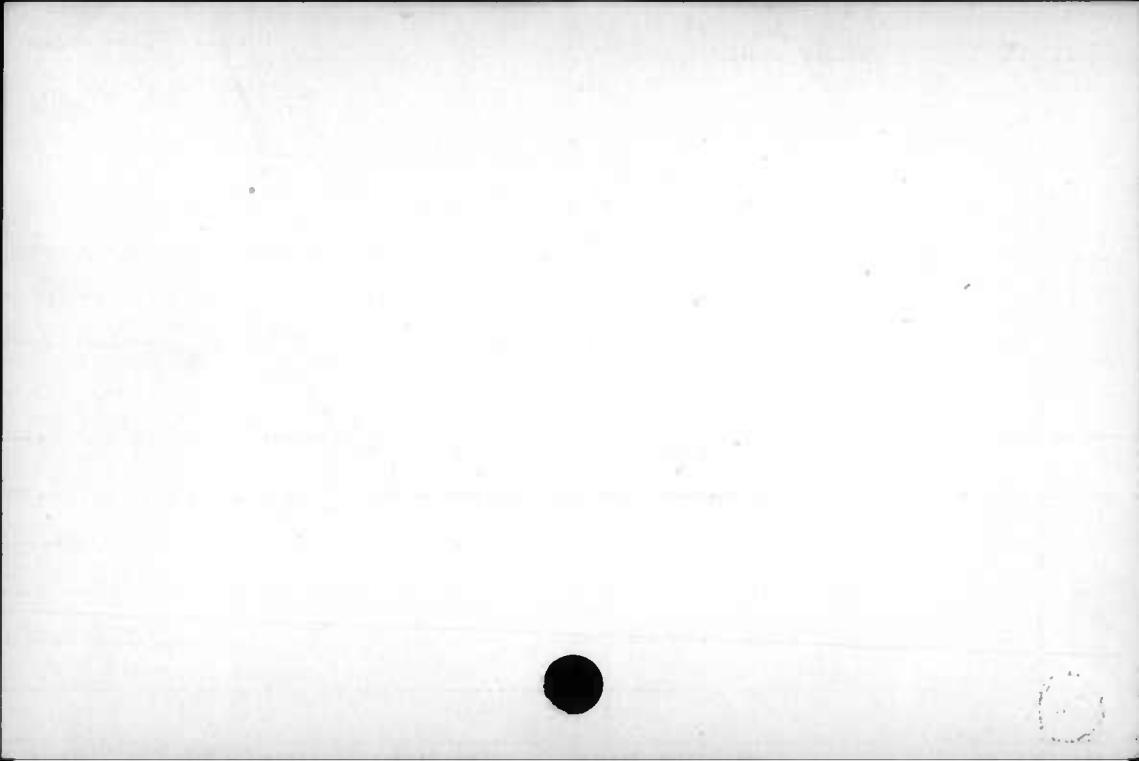
Died at <u>Fork</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>5</u> <sup>Month</sup>	<u>8</u> <sup>Day</sup>	Age <u>5-4</u> <sup>Years</sup>	<u>✓</u> <sup>Months</sup>	<u>✓</u> <sup>Days</sup>
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Hanford &amp; Md</u>
Occupation	<u>housewife</u>		Where Residing if not at place of death <u>I am</u>		
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband <u>John Skelton</u>			
Father's Name	<u>John McCoskey</u>			Father's Birthplace	<u>Ireland</u>
Mother's Maiden Name	<u>Mary Kearney</u>			Mother's Birthplace	<u>Ireland</u>
Name of person giving information	<u>John McCoskey</u>			How related to deceased	<u>Bro.</u>

## CAUSES OF DEATH

56

PHYSICIAN  
CORONER

Primary	<u>Alcoholic excesses</u>	How long	<u>two weeks</u>
Immediate	<u>and suffocation</u>	How long	<u>few hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>A. F. Gorench</u>
		Address	<u>Fork Md</u>
Accident or Suicide?			



Name  
in  
Full

Unknown Colored Infant Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

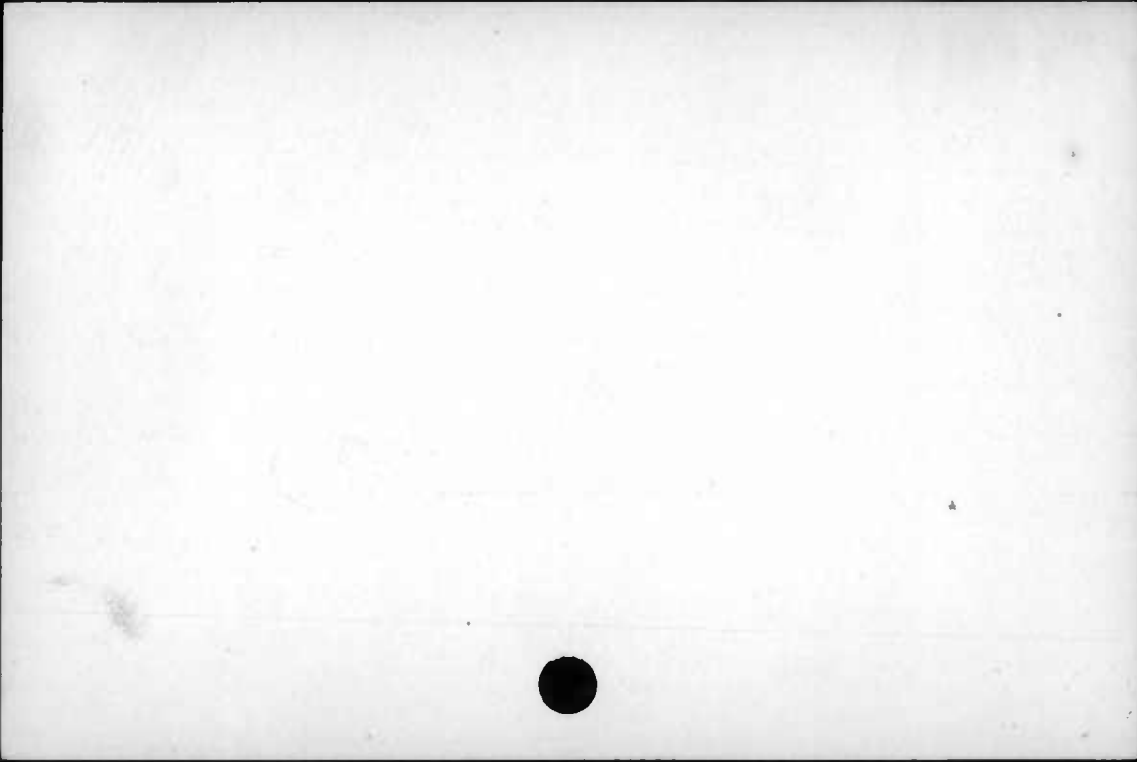
Died at <u>Dowson</u> Town		<u>Baeton</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>1</u>	Day <u>25</u>	Age <u>birth</u>	Months <u>0</u>	Days <u>0</u>
Sex <u>female</u>	Color or Race <u>Colored</u>		Birth-place <u>Dowson</u>		
Occupation <u>none</u>	Where-Residing If not at place of death <u>Dowson in utero</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Unknown</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Angeline Smith</u>	Mother's Birthplace <u>Cockeysville</u>				
Name of person giving information <u>John Baird</u>	How related to deceased <u>3rd Cousin</u>				

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <u>Premature Birth</u>	How long <u>7 months</u>
Immediate <u>same</u>	How long <u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. C. Massenburg M.D.</u>
	Address <u>Dowson</u>
Accident or Suicide? <u>Mother</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Winifred A Smith

Town

County

Died at *near Rustington**Bratto*

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

Jan

29

Age

75

Sex

*Female*Color or  
Race*white*Birth-  
place*Ireland*

Occupation

*Domestic*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*John A. Smith*Father's  
Name*Peter Egan*Father's  
Birthplace*Ireland*Mother's  
Maiden Name*Winifred Higgins*Mother's  
Birthplace*Ireland*Name of person giving  
In formation*John A. Smith*How related  
to deceased*Husband*

## CAUSES OF DEATH

81

Primary

*General Atterion*

How long

*4 Yrs.*

Immediate

*Cardiac Failure*

How long

*Sudden*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*ATM Wade*

Address

*Rustington*

Accident or Suicide?

PHYSICIAN  
OR CORONER

Daniel Ridge

7



Name  
in  
Full

Amanda Stephens

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

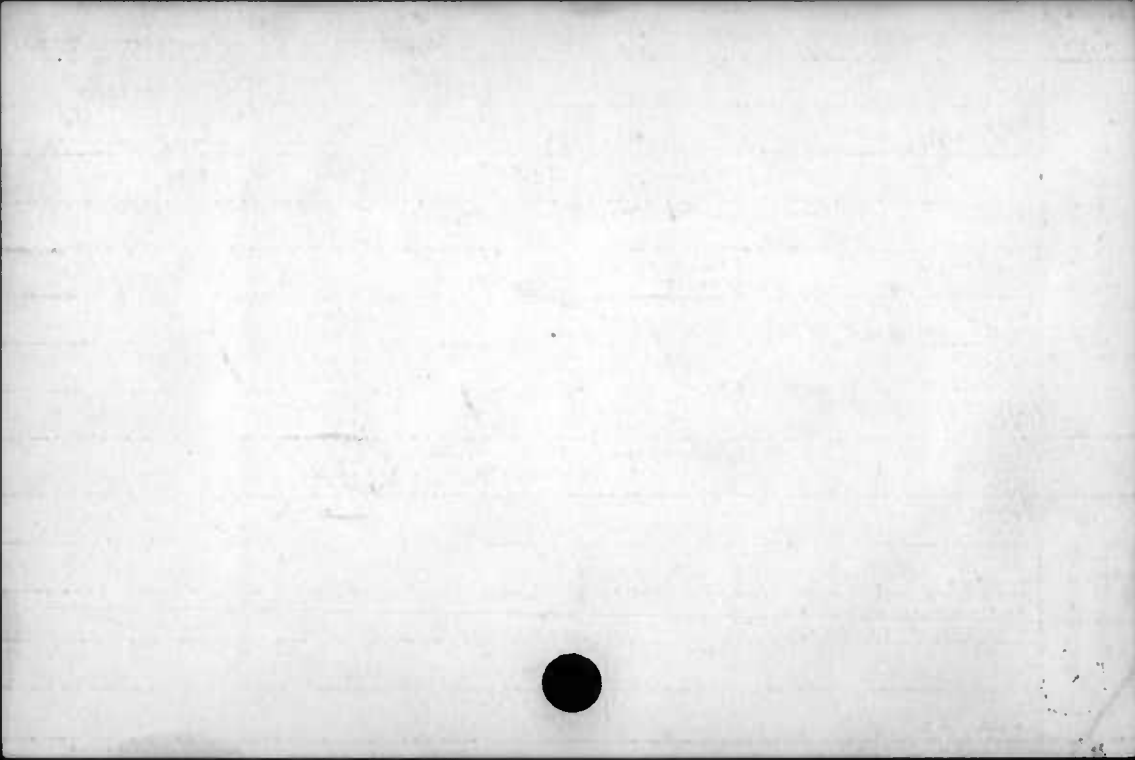
Died at <i>Pleasant Hill</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Jan</i>	Day <i>4</i>	Age <i>84</i>	Months <i>==</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Penna</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Joseph Stephens</i>			
Father's Name <i>Joseph Steel</i>		Father's Birthplace <i>Penna</i>			
Mother's Maiden Name <i>Stephanah Steel</i>		Mother's Birthplace <i>Penna</i>			
Name of person giving information <i>Georgiana Cook</i>		How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

1154

PHYSICIAN  
OR CORONER

Primary <i>Infirmities of old age</i>	How long <i>4 or 5 years</i>
Immediate <i>congestion of brain</i>	How long <i>about ten hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Baughman</i>
	Address <i>Crown's Mills Md</i>
Accident or Suicide?	



Name  
in  
Full

Infant (Sterrett)

## CERTIFICATE OF DEATH

MARYLAND

Died at Texas Town

County Baltimore

Date of death 1908 Jan

Day 14

Age

Years

Months

Days 33 hours

Sex Male

Color or Race Colored

Birth-place Texas Md

Occupation Infant

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Yho Albert Sterrett

Father's Birthplace

Texas Md

Mother's Maiden Name

Isabelle Wright

Mother's Birthplace

Philopotis

Name of person giving information

Hester Sterrett

How related to deceased

Grand-mother

## CAUSES OF DEATH

137

Primary

Premature Birth

How long

Immediate

Heart (cyanosis)

How long

33 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

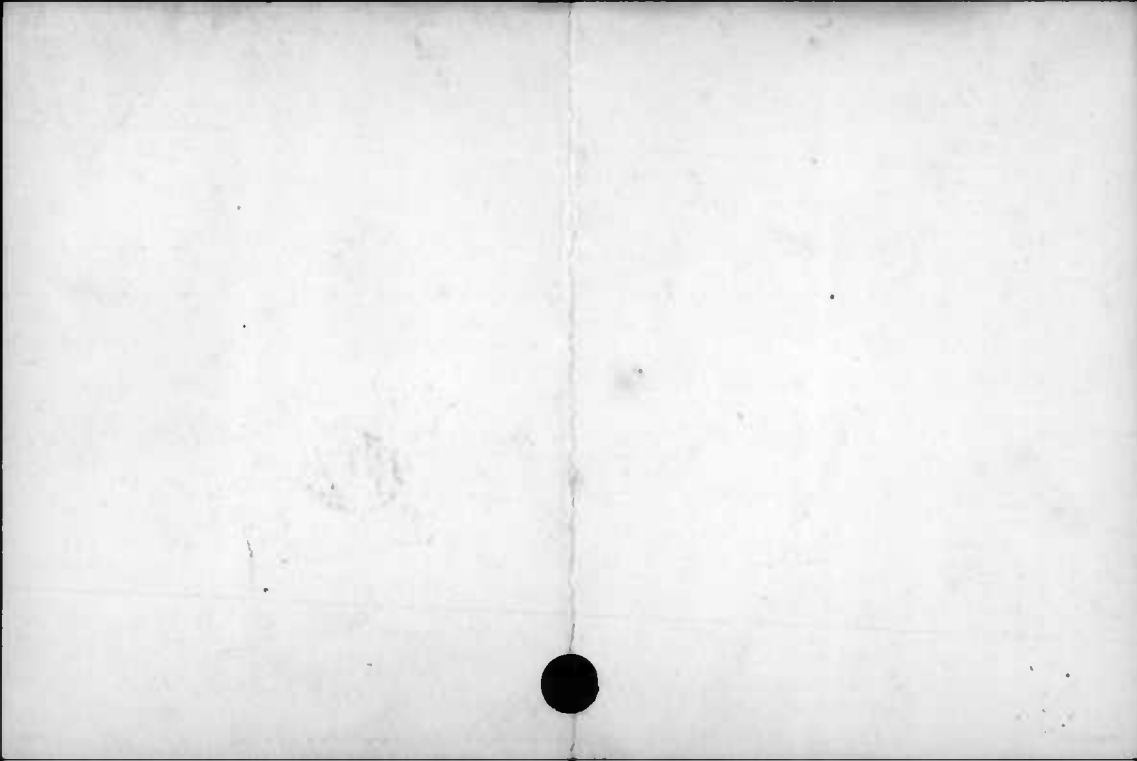
Dr. R. Robinson

Address

Cockayneth

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OF CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

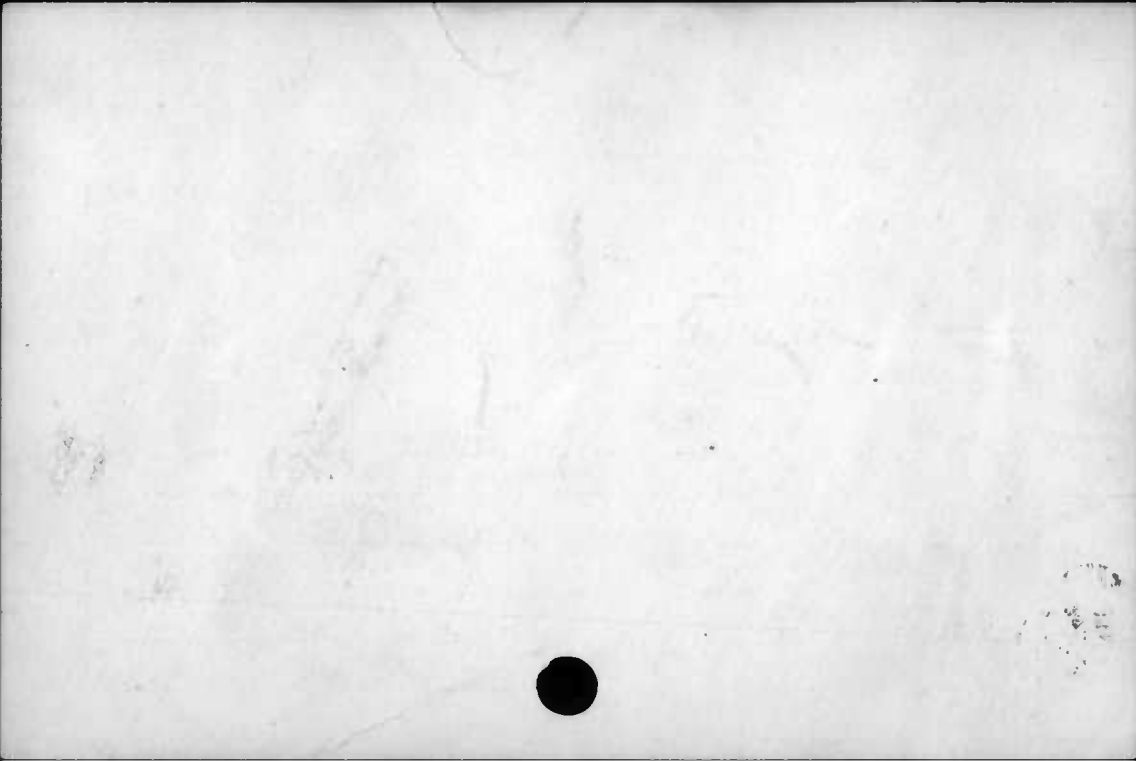
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Jan.	24	67		4	23
Sex	Male	Color or Race	White	Birth-place	Germany		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband Mary Stricher					
Father's Name	Charles H. Stricher			Father's Birthplace	Germany		
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown		
Name of person giving information	Mrs Mary Stricher.			How related to deceased	✓		

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary	Cancer (Stomach and pancreas)	How long	12 months
Immediate	Cancer	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo. P. Stone
		Address	West Frankford Pa
Accident or Suicide?			



Name  
in  
Full

Charley Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

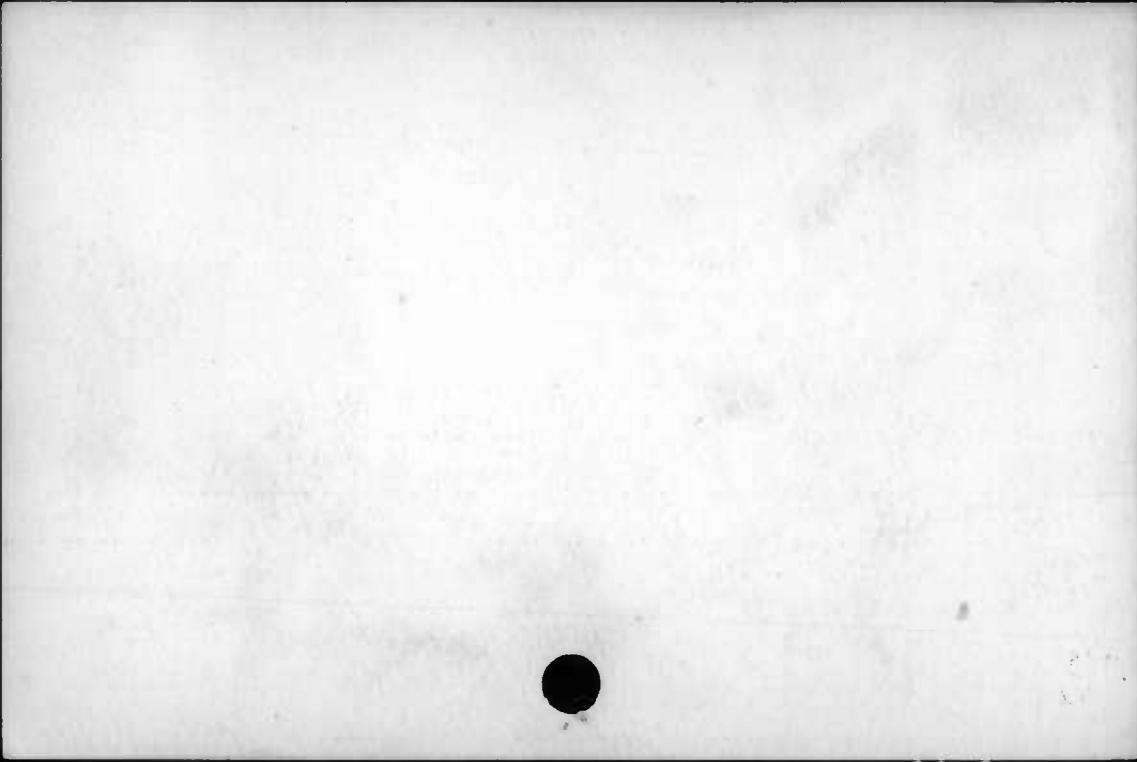
Died at <u>Brown Summit</u> <sup>Town</sup>		<u>Bullitt</u> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	Jan	Day	11
Age	X	Years		Months	3
				Days	0
Sex	Female	Color or Race	Black	Birth-place	Brown Summit
Occupation	hom	Where Residing if not at place of death home			
Married, Single or Widowed	Single	Name of Wife or Husband X			
Father's Name	Albert Taylor			Father's Birthplace	Bullitt Co. Mo
Mother's Maiden Name	Helen Elizabeth Johnson			Mother's Birthplace	Bullitt Co Mo
Name of person giving information	Foster Arthur Taylor			How related to deceased	Father

CAUSES OF DEATH

(10)

PHYSICIAN  
OR CORONER

Primary	La - Grippe	How long	2 days
Immediate	Pneumonia	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	D. R. Benson
		Address	Cruckysville Mo
Accident or Suicide?			





Name  
in  
Full

CERTIFICATE OF DEATH

*Jozefa Teclaw.*

Town

*Grange*

County

*Balto.*

MARYLAND

Died at

Date

of death *1908*

Month

*Jan*

Day

*8*

Age

Years

*54*

Months

Days

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Germany*

Occupation

*House wife*

Where Residing if not  
at place of death

Married, Single  
or Widowed

*Widow.*

Name of Wife or  
Husband

Father's  
Name

*John Ziergel.*

Father's  
Birthplace

*Germany.*

Mother's  
Maiden Name

*Don't know.*

Mother's  
Birthplace

*" "*

Name of person giving  
In formation

*Andrew Schech.*

How related  
to deceased

*Son-in-law*

CAUSES OF DEATH

*179*

Primary

*Natural Causes*

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

*David A. Thompson*

Address

*1500 Highland Ave.*

Accident or Suicide?

*Baltimore County Md.*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

M. F. Ledwosta

St Stanislaus

---

Name  
in  
Full

Philip T Tilyard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

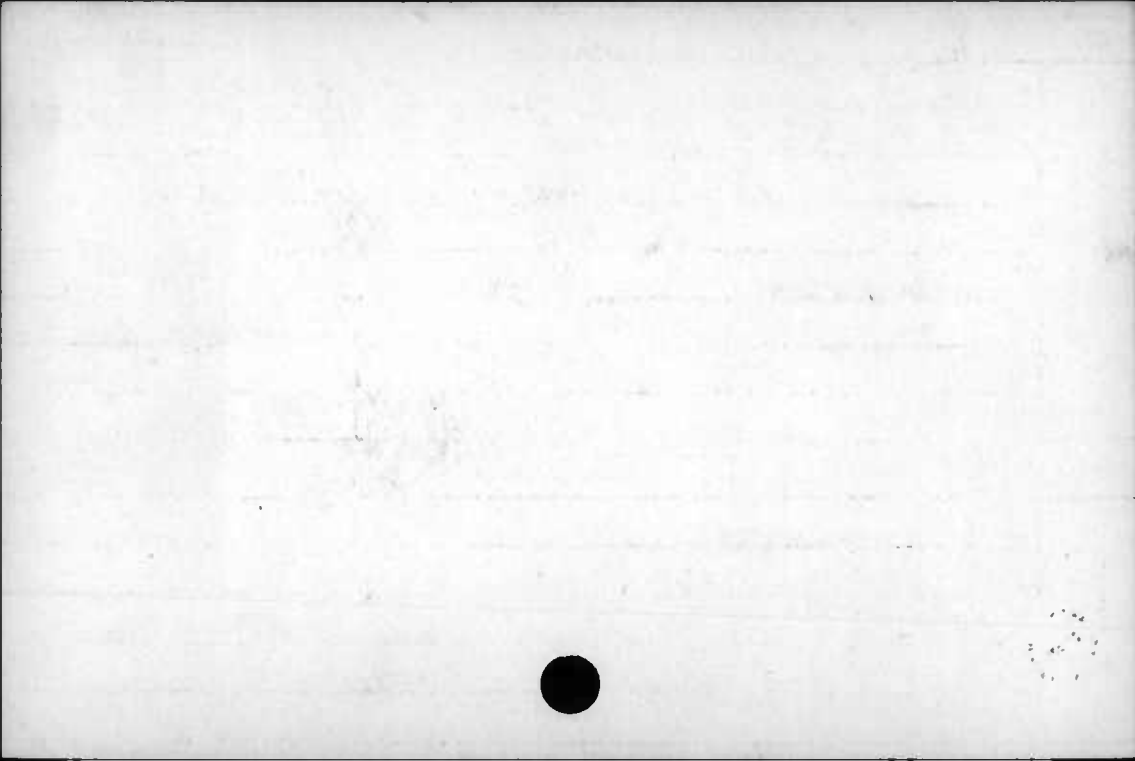
Died at <i>New Gungahon brook</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>18</i>	Age <i>79</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore City</i>		
Occupation <i>Law Business</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ann V Tilyard</i>				
Father's Name <i>Philip C Tilyard</i>	Father's Birthplace <i>Baltimore City</i>				
Mother's Maiden Name <i>Martha Maule</i>	Mother's Birthplace <i>Balto co Md</i>				
Name of person giving information <i>Mrs Wm C Watkins</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

120

PHYSICIAN  
OR  
CORONER

Primary <i>Chronic Nephritis</i>	How long <i>18 mos</i>
Immediate <i>Hypostatic Congestion Lung</i>	How long <i>24 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm Slade</i>
	Address <i>Reisterstown Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> Town		County <i>Belt</i>		MARYLAND							
Date of death <i>1908</i> / <i>1</i> / <i>2</i>		Month		Day		Years		Months		Days	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Middletown</i>							
Occupation <i>Cabinet-maker</i>				Where Residing if not at place of death <i>Maryland</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>May Treulieb</i>									
Father's Name <i>John Henry Treulieb</i>		Father's Birthplace <i>Germany</i>									
Mother's Maiden Name <i>Barbara Baker</i>		Mother's Birthplace <i>Maryland</i>									
Name of person giving information <i>J. H. Treulieb</i>		How related to deceased <i>Brother</i>									

## CAUSES OF DEATH

27

PHYSICIAN  
OR  
CORONER

Primary <i>Consumption</i>	How long <i>1 yr</i>
Immediate <i>Oedema of the Lungs</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. N. Ackerson</i>
	Address <i>Glen Rock</i>
Accident or Suicide?	<i>Pa</i>



Name in Full **Charles J. Trumbleson**

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Highlandtown</b> <small>Town</small>		<b>Balto</b> <small>County</small>		MARYLAND	
Date of death <b>1908 Jan</b> <small>Month</small>	<b>3</b> <small>Day</small>	Age <b>51</b> <small>Years</small>	<b>11</b> <small>Months</small>	<b>2</b> <small>Days</small>	
Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Balto City</b>			
Occupation <b>Nurse</b>	Where Residing if not at place of death <b>Remains at Place of death</b>				
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband <b>Elizabeth Bohlen</b>				
Father's Name <b>Charles J. Trumbleson</b>	Father's Birthplace <b>Balto Md</b>				
Mother's Maiden Name <b>Elizabeth Bohlen</b>	Mother's Birthplace <b>Balto Co Md</b>				
Name of person giving information <b>Charles Trumbleson</b>	How related to deceased <b>Father</b>				

CAUSES OF DEATH

**71**

PHYSICIAN  
OF CORONER

Primary <b>Spasm</b>	How long <b>—</b>
Immediate <b>—</b>	How long <b>—</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>David A. Thompson</b>
<b>—</b>	Address <b>1670 Highland Ave</b>
<b>—</b>	<b>Balto Co Md</b>
Accident or Suicide? <b>—</b>	

H. C. Black  
In Carned Country



Name  
in  
Full

Henry Tuckolka

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Year</small>	<i>Jan</i> <small>Month</small>	<i>22</i> <small>Day</small>	<i>14</i> <small>Years</small>	<i>—</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Balto Co. Md.</i>
Occupation	<i>Wm</i>	Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Gustave Tuckolka</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Barbara Bauman</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Gustave Tuckolka</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

How long *4 weeks*How long *7 days*Primary *Syphilitic fever*Immediate *Brain meningitis*

Are the name, age, sex, color, date and place correctly given above?

*Yes.*

Signature of Physician

Address

*Dr. F. A. Gandy*  
*41 Easton Ave N.Y.*

Accident or Suicide?

Holy Redeemer Cemetery

Jan. 24<sup>th</sup> 1908

Germanus Thamer

Under later

Name  
in  
Full

Wm Rodgers Lurner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Int Book Retreat</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u> <sup>Month</sup> <u>Jan</u> <sup>Day</sup> <u>21st</u>		Age <u>52</u> <sup>Years</sup>		Months <u>—</u> Days <u>—</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Balti Md</u>	
Occupation <u>Book Keeper</u>		Where Residing if not at place of death			
Married, <del>Single</del> <u>Widowed</u>		Name of Wife or <del>Husband</del> <u>Grace E Lurner</u>			
Father's Name <u>Don't Know</u>		Father's Birthplace <u>Don't Know</u>			
Mother's Maiden Name <u>"</u>		Mother's Birthplace <u>"</u>			
Name of person giving Information <u>"</u>		How related to deceased <u>not at all</u>			

CAUSES OF DEATH

**66**

PHYSICIAN  
OR CORONER  
**7**

Primary <u>Paresis</u>		How long <u>2 yrs</u>
Immediate <u>Exhaustion Loxaemia</u>		How long <u>8 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>C B Lurner M D</u>
		Address <u>Sta E. Balt Md</u>
Accident or Suicide? <u>—</u>		



Name  
in  
Full

David L. Uhler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

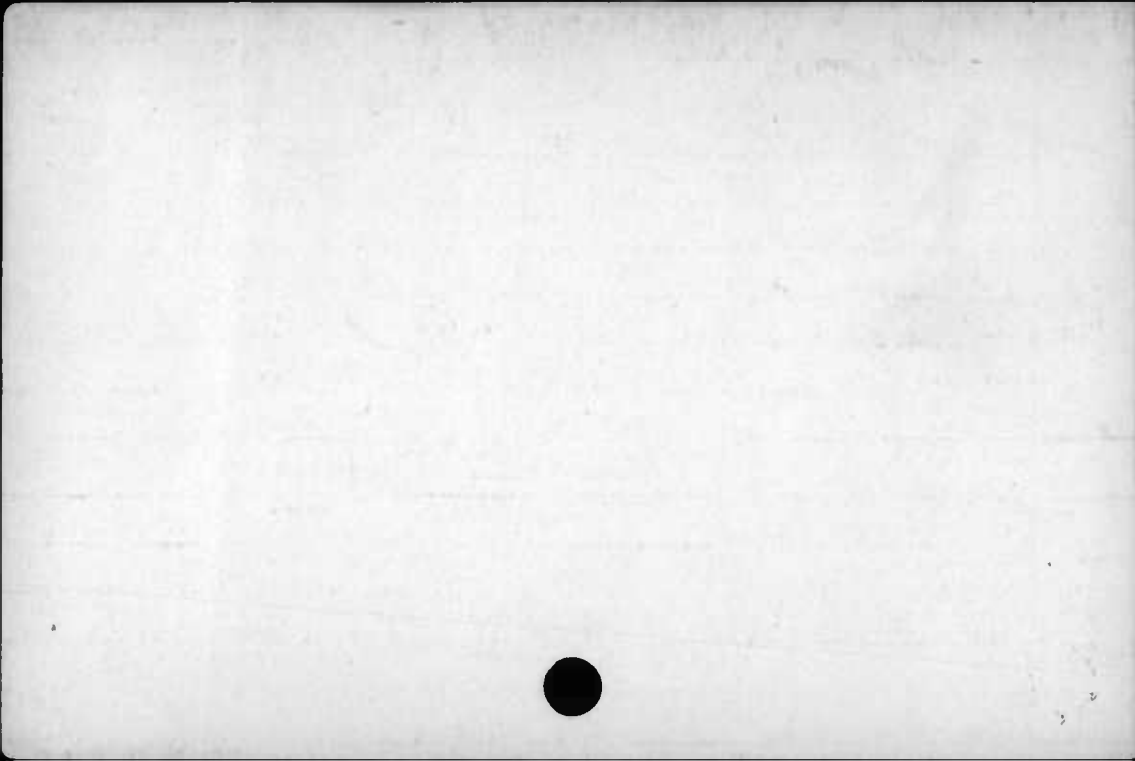
Died at <u>Reisterstown</u> Town		<u>Balto</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>22</u>	Years <u>88</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Balto co Md</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Uhler</u>				
Father's Name <u>Jacob Uhler</u>	Father's Birthplace <u>Balto co Md</u>				
Mother's Maiden Name <u>Hellen Odgers</u>	Mother's Birthplace <u>Balto co Md</u>				
Name of person giving information <u>Mary Uhler</u>			How related to deceased <u>wife</u>		

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <u>Senile Decay</u>	How long <u>18 mos</u>
Immediate <u>Cardiac Failure</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H M Slader</u>
	Address <u>Reisterstown Md</u>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		STATE	
Date of death		Month	Day	Years	Months	Days	
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Father's Name		Mother's Maiden Name		Name of person giving information		How related to deceased	

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

431



1000  
1000  
1000



Name  
in  
Full

Viertel, George.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Leaksville		County		Baltimore		MARYLAND	
Date of death		1908	Jan	13	Age	51	Months		Days
Sex		Male		Color or Race		White		Birth-place	
Occupation		Stone cutter		Where Residing if not at place of death		X			
Married, Single or Widowed		Married		Name of Wife or Husband					
Father's Name		Fred. Viertel		Father's Birthplace		Germany			
Mother's Maiden Name		Not Known		Mother's Birthplace		Not Known			
Name of person giving information		May A. Viertel		How related to deceased		Wife			

## CAUSES OF DEATH

73

PHYSICIAN  
CORONER

Primary	Chronic Insanity	How long	7 yrs.
Immediate	Valvular Disease of Heart	How long	5 minutes
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Percy Wade	
Address		Leaksville Md	
Accident or Suicide?		No	

A. S. Marshall.  
3539 Fall. Road  
Pikesville Cemetery

Name  
in  
Full

Elisabeth Wagner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

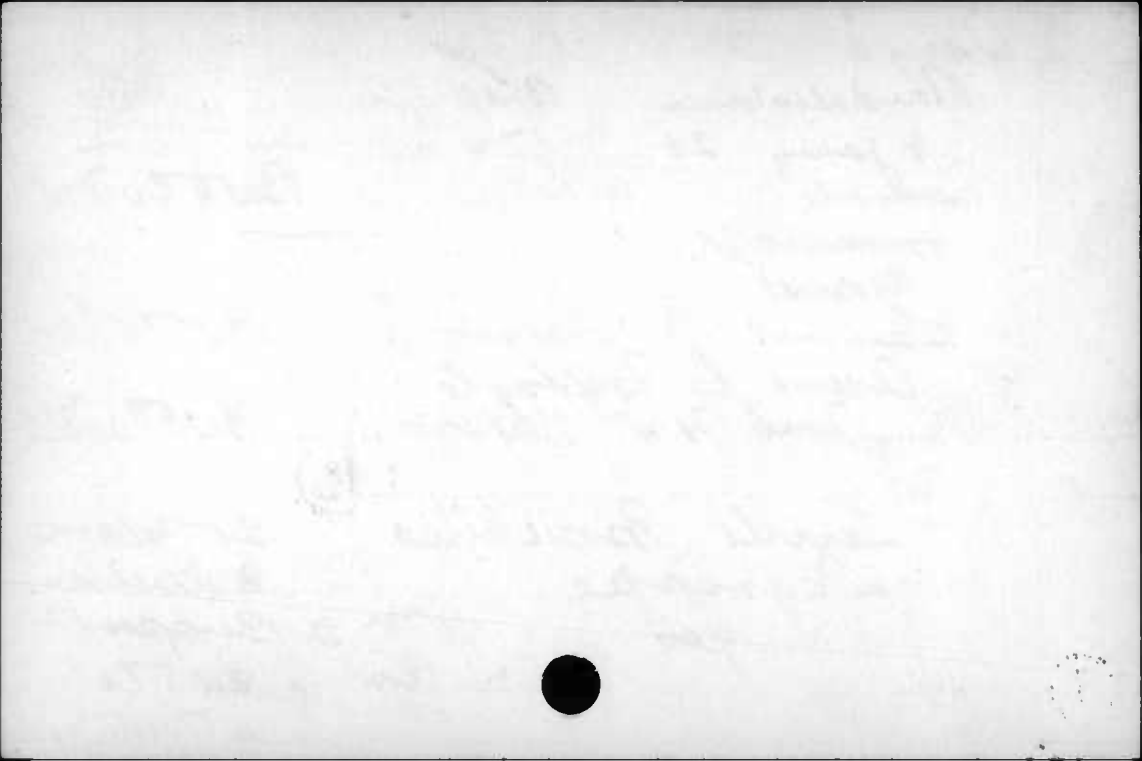
Died at <b>Parkville</b> <sup>Town</sup>		<b>Balti</b> <sup>County</sup>		MARYLAND.	
Date of death <b>1908</b>	<b>Jan</b> <sup>Month</sup>	<b>9</b> <sup>Day</sup>	Age <b>71</b> <sup>Years</sup>	<b>4</b> <sup>Months</sup>	<b>28</b> <sup>Days</sup>
Sex <b>Female</b>	Color or Race <b>White</b>		Birth-place <b>Maryland</b>		
Occupation <b>Housewife</b>			Where Residing if not at place of death <b>Parkville Md</b>		
<del>Married, Single</del> Widowed		<del>Married, Wife</del> <b>Henry Wagner</b>			
Father's Name <b>Adam England</b>			Father's Birthplace <b>_____</b>		
Mother's Maiden Name <b>_____</b>			Mother's Birthplace <b>_____</b>		
Name of person giving information <b>Mamie Wagner</b>			How related to deceased <b>Daughter</b>		

## CAUSES OF DEATH

(10)

PHYSICIAN  
OR CORONER

Primary	<b>Influenza</b>	How long	<b>5 days</b>
Immediate	<b>Influenza</b>	How long	<b>5 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Geary A. Long M.D.</b>	
		Address <b>Hamilton</b>	
Accident or Suicide? <b>No</b>		<b>Md</b>	



Name  
in  
Full

Anna E Walters

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

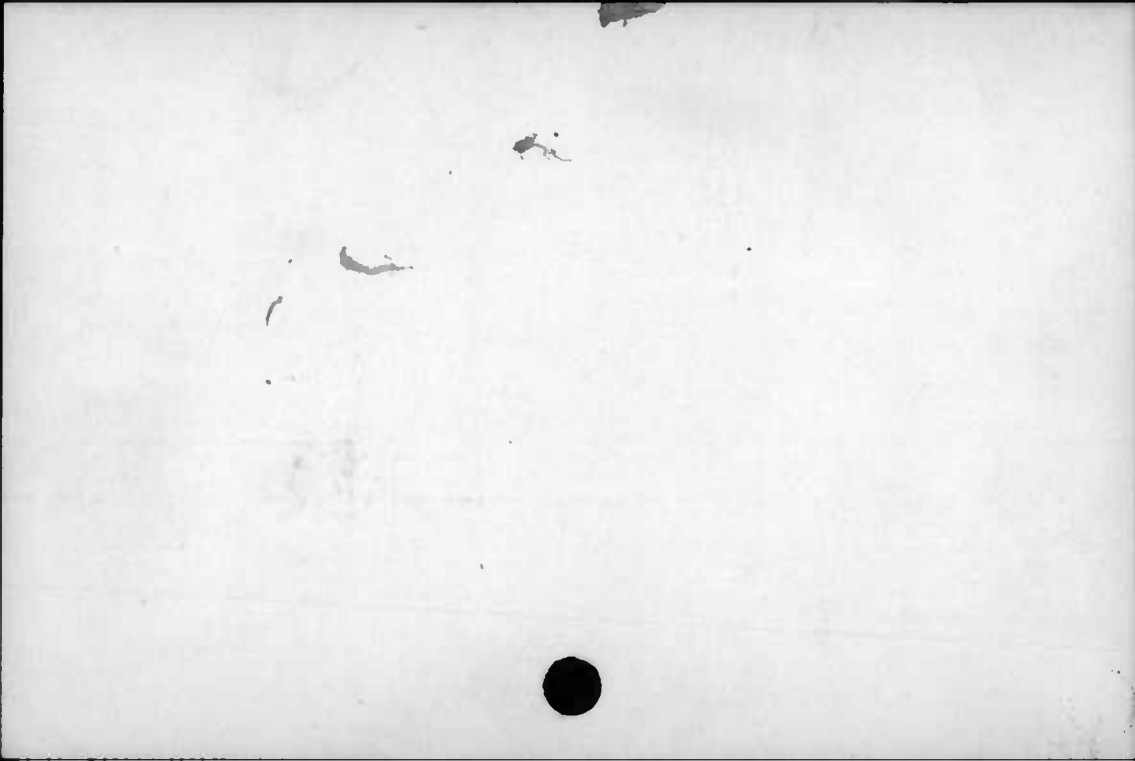
Died at <u>Randallstown</u> <sup>Town</sup>		<u>Balt Co</u> <sup>County</sup>		MARYLAND	
Date of death	1908	January	25	Age	74
Sex	Female	Color or Race	White	Birth-place	Balt Co Md
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Widowed		Name of Wife or Husband		
Father's Name	Samuel B. Walker			Father's Birthplace	Balt Co Md
Mother's Maiden Name	Anna C Fryfogle			Mother's Birthplace	
Name of person giving information	Wm H Walker			How related to deceased	Balt Co Md Son

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	<u>Senile Bronchitis</u>		How long	<u>20 years</u>
Immediate	<u>Laryngitis</u>		How long	<u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	<u>Wm H Buppert</u>
			Address	<u>Roslyn Balt Co</u>
				<u>7124</u>
Accident or Suicide?				



Name

in  
Full

Infant of Howard + Estelle L. Wells

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Abingdon* *13* *alts* *Balts* County *MARYLAND*

Date of death 190 *8* *Jan* *18* Age *7* *Months* *4* *Days*

Sex *Male* Color - *White* Birth-place *Abingdon Md.*

~~Married, Single or Widowed~~ *Single* Occupation *None*

Name of Wife or Husband

Father's Name *J. Howard Wells* Father's Birthplace *Md.*

Mother's Maiden Name *Estelle L. King* Mother's Birthplace *Md.*

Name of person giving information *Howard Wells* How related to deceased *Father*

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary *Enteric leish* How long *11 days*

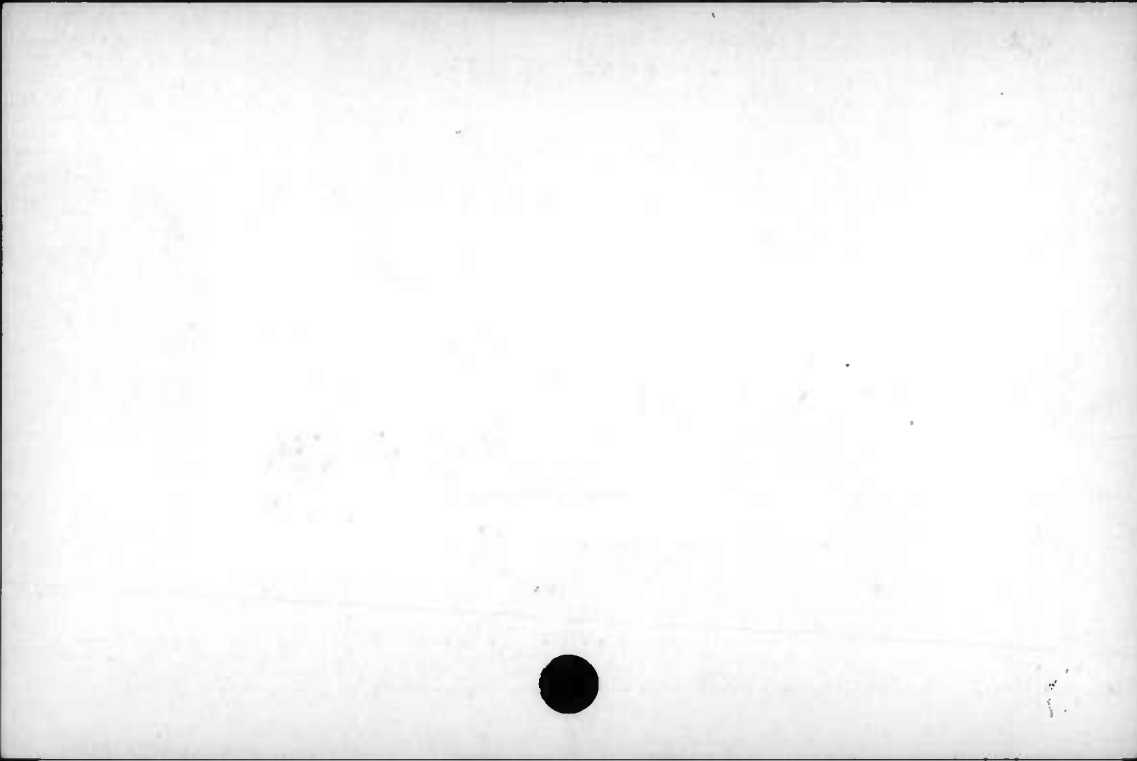
Immediate *Exhaustion* How long *a few days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide?





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Jovin Leroy White*

Town *Cokeysville* County *Bath* MARYLAND

Died at *Cokeysville*

Date of death *1908 Jan 18* Age *6* Month *9* Days

Sex *Male* Color or Race *White* Birth-place *Sherrill Md*

Occupation *none* Where Residing if not at place of death *Cokeysville Md*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Thos White* Father's Birthplace *Scottland*

Mother's Maiden Name *Minnie A Plowman* Mother's Birthplace *Wisconsin*

Name of person giving information *Wm A Plowman* How related to deceased *Grand Father, Md*

CAUSES OF DEATH

**93**

PHYSICIAN  
OR CORONER

**1**

Primary *Pneumonia & Mitral Insufficiency* How long *2 weeks*

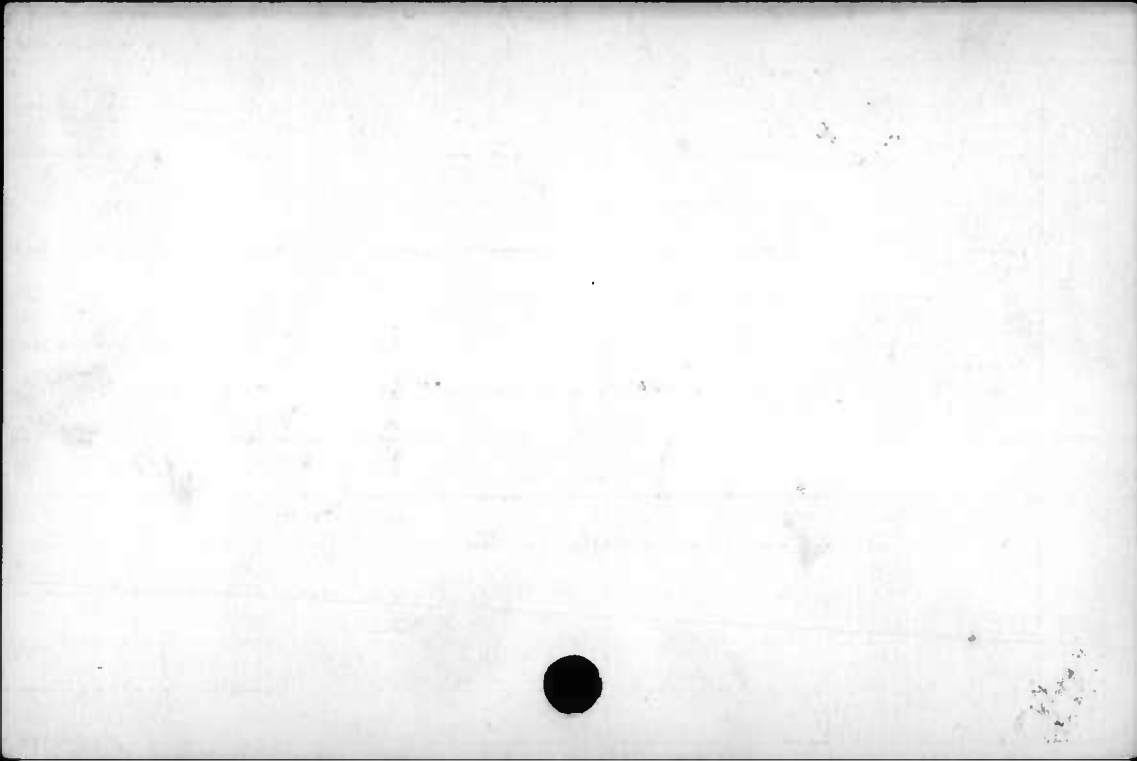
Immediate *Spinal Meningitis* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *B. F. Burgess M.D.*

Address *Texas Md*

Accident or Suicide? ☐



Name  
in  
Full

Talitha C. Whittington

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Philopolis* <sup>County</sup> *Baltimore* **MARYLAND**

Date of death *1908* <sup>Month</sup> *Jan* <sup>Day</sup> *18* <sup>Years</sup> *42* <sup>Months</sup> *3* <sup>Days</sup> *16*

Sex *Female* Color or Race *White* Birth-place *Belfast md.*

Occupation *Housewife* Where Residing if not at place of death *Philopolis md.*

Married, ~~Single~~ <sup>or Widowed</sup> Name of Wife or Husband *J. Virgil Whittington*

Father's Name *Wm. L. Wheeler* Father's Birthplace *Belfast md.*

Mother's Maiden Name *Mary E. Emsor* Mother's Birthplace *" "*

Name of person giving information *J. Virgil Whittington* How related to deceased *Husband*

## CAUSES OF DEATH

99

PHYSICIAN  
RECORDER

Primary *Heart disease* How long *Six mos*

Immediate *Pulmonary hemorrhage* How long *5 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. H. Drach*

Address *Cockeysville md.*

Accident or Suicide? ☐

Luncheon at Porley's  
Monday Jan 20

W. C. Brooks

Name  
in  
Full

Rosa A. Wildberger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Orangeville		County Baldw		MARYLAND	
Date of death	1908	Month 1	Day 23	Age 1	Years 1	Months 7	Days
Sex	Female		Color or Race	White		Birth- place	Orangeville
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed			Name of Wife or Husband —				
Father's Name			William Wildberger			Father's Birthplace	
Mother's Maiden Name			Katie Kahler			Mother's Birthplace	
Name of person giving In formation			William Wildberger			How related to deceased	
						Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Search fever	How long	2 weeks
Immediate	Paralysis of heart	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
		1400 First St.	
Accident or Suicide?			

St Johns Cemetery  
Parville Md.

Jan 1/1908

Wm Cook  
502 E North av

Name  
in  
Full

## CERTIFICATE OF DEATH

Died at

Mudall River

Town

County

Baltimore

MARYLAND

Date

of death 1908

Month

Jan

Day

27

Age

Years

Months

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

Mae

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Julius Wilkerson

Father's  
Birthplace

Md

Mother's  
Maiden Name

Emily Brown

Mother's  
Birthplace

Md

Name of person giving  
In formation

Julius Wilkerson

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Still Birth

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

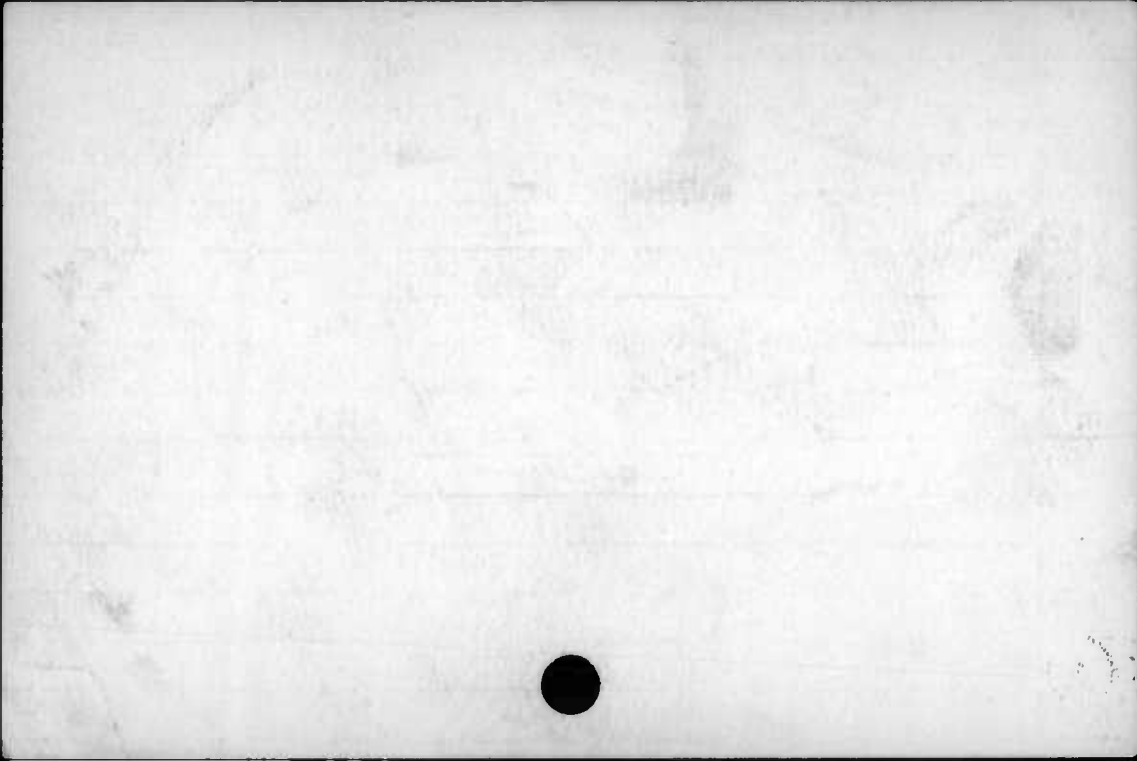
Signature of  
Physician

Address

Baltimore  
Pisarsville

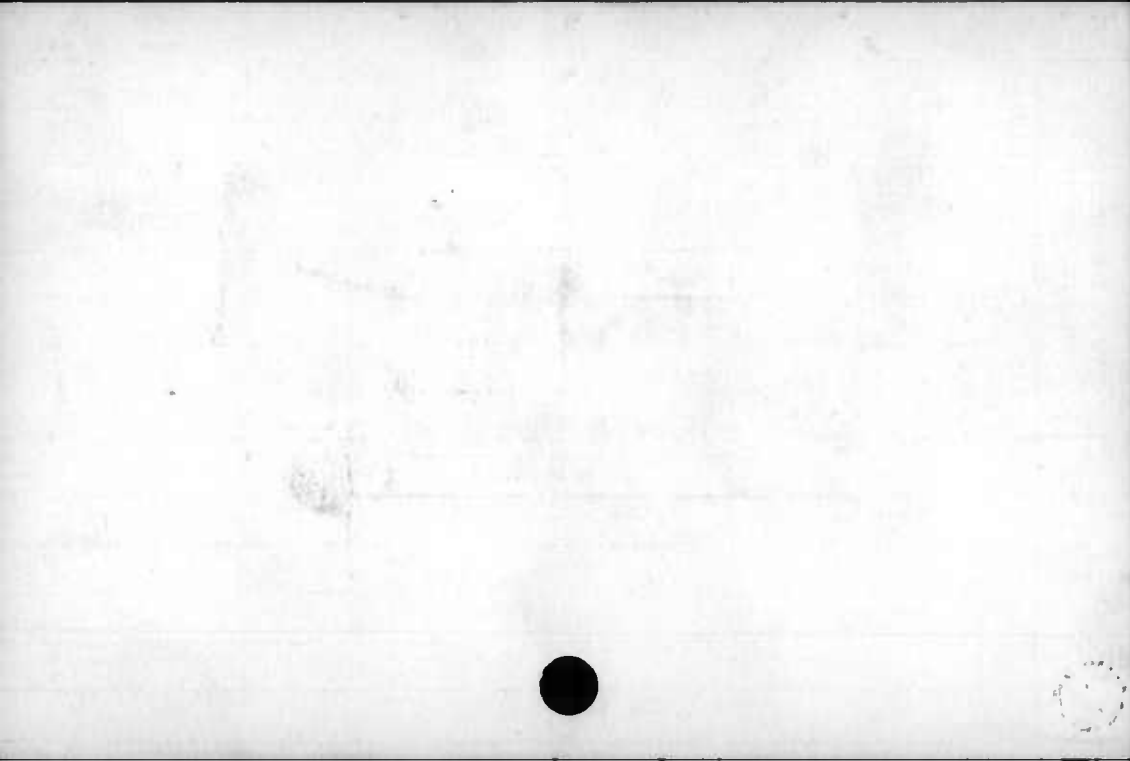
Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OF CORONER





Name In Full		John. & Wilson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Monkton R. I. D.	County Dalton		MARYLAND	
		Date of death		Month Jan	Day 16	Years 61	Months —	Days 20
		Sex		Male		Color or Race	White	
		Birth-place		California				
		Occupation		Farmer		Where Residing if not at place of death		
		Married, Single or Widowed		Single		Name of Wife or Husband		
		Father's Name		William Wilson		Father's Birthplace		
Mother's Maiden Name		Barrie Hawkins		Mother's Birthplace				
Name of person giving information		Mary Powell		How related to deceased			Niece	
		CAUSES OF DEATH		10				
PHYSICIAN OR CORONER		Primary		La Grippe & Asthma		How long		one week
		Immediate		Heart Failure		How long		a few hours
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. T. Payne M.D.		
				Address		Phoenix		
		Accident or Suicide?						



Name  
in  
Full

Louis Winternitz  
Died at *Ashington* <sup>Town</sup> *Baltimore* <sup>County</sup>

CERTIFICATE OF DEATH

MARYLAND

Date of death *1908* <sup>Month</sup> *June* <sup>Day</sup> *20* <sup>Years</sup> *57* <sup>Months</sup> *11* <sup>Days</sup> *—*

Sex *Male* Color or Race *White* Birth-place *Baltimore*

Occupation *Salesman* Where Residing if not at place of death *Ashington, Md.*

Married, Single or ~~divorced~~ *yes* Name of Wife or ~~husband~~ *Belle Winternitz*

Father's Name *Charles Winternitz* Father's Birthplace *Germany*

Mother's Maiden Name *—* Mother's Birthplace *"*

Name of person giving information *Art. Emerich* How related to deceased *Son in law*

CAUSES OF DEATH

**(81)**

Primary *Aneurysm* How long *—*

Immediate *Hemiplegia* How long *9 hours*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *R. F. Handshy*

Address *110 E. Light*

Accident or Suicide? *—*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

**(1)**

Jacob Ashen & Co

Hair Line Cemetery

Name  
in  
Full

Matilda Wolford.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Healethorp* Town *Healethorp* County *Balto's*Date of death *1908.* Month *Jan?* Day *Saturday* Years *3.* Months *4.* DaysSex *Female.* Color or Race *colored.* Birthplace *Healethorp.*Occupation *—* Where Residing if not at place of death *Healethorp.*Married, Single or Widowed *Single.* Name of Wife or Husband *—*Father's Name *Sam'l Wolford - Matilda Hoff.* Father's Birthplace *Belair Md.*Mother's Maiden Name *Matilda Brommer.* Mother's Birthplace *Chas Co Md.*Name of person giving information *Sam'l Wolford.* How related to deceased *Father.*

## CAUSES OF DEATH

8

Primary *Pneumonia. Whooping cough.* How long *Two weeks*Immediate *Whooping cough.* How long *Two weeks*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. Harper. M.D.*

Address

Accident or Suicide? *Neither one*

Mr Zion Cerny  
M. Sill

Name  
In  
Full

Elisha Edward Wood.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Govanstown		County Baltimore		MARYLAND	
Date of death		1908	Month Jan'y.	Day 21 <sup>st</sup>	Age 34	Years 6	Months 4
Sex		Male		Color or Race White		Birth-place Maryland	
Occupation Furrier				Where Residing if not at place of death Willow Ave Govan			
Married, Single or Widowed		Married		Name of Wife or Husband Mary. Wood			
Father's Name Jermiah Wood				Father's Birthplace Maryland			
Mother's Maiden Name Mary E Brudner				Mother's Birthplace West Va			
Name of person giving information Jermiah Wood				How related to deceased Father			
CAUSES OF DEATH							

27

PHYSICIAN  
OR CORONER

1

Primary	Pulmonary Tuberculosis		How long	one year
Immediate	Anemia		How long	5 mo.
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician H. C. H. H. H. H. H.	
			Address Sta. H. Govan, Balto., Md.	
Accident or Suicide?		neither		

St Marys Cemetery  
(Gorranstown)

Jan - 24/08

Wm Cook

577 E North ave

---



Name  
in  
Full

CERTIFICATE OF DEATH

Thomas Wright

Died at Arlington Balto MARYLAND

Date of death 1908 Jan 6 Age 62 Months 11 Days 1

Sex Male Color or Race White Birth-place Md.

Occupation Deacon Where Residing if not at place of death

Married, Yes or Widowed Name of Wife or Husband Annie B. Wright

Father's Name Oliver P. Wright Father's Birthplace Md.

Mother's Maiden Name Nosana Rogers Mother's Birthplace Md.

Name of person giving information Mrs Annie B Wright How related to deceased Wife

CAUSES OF DEATH

114

Primary Liver Abscess How long 2 weeks

Immediate Hypoclastic Pneumonia How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. A. Brown M.D.

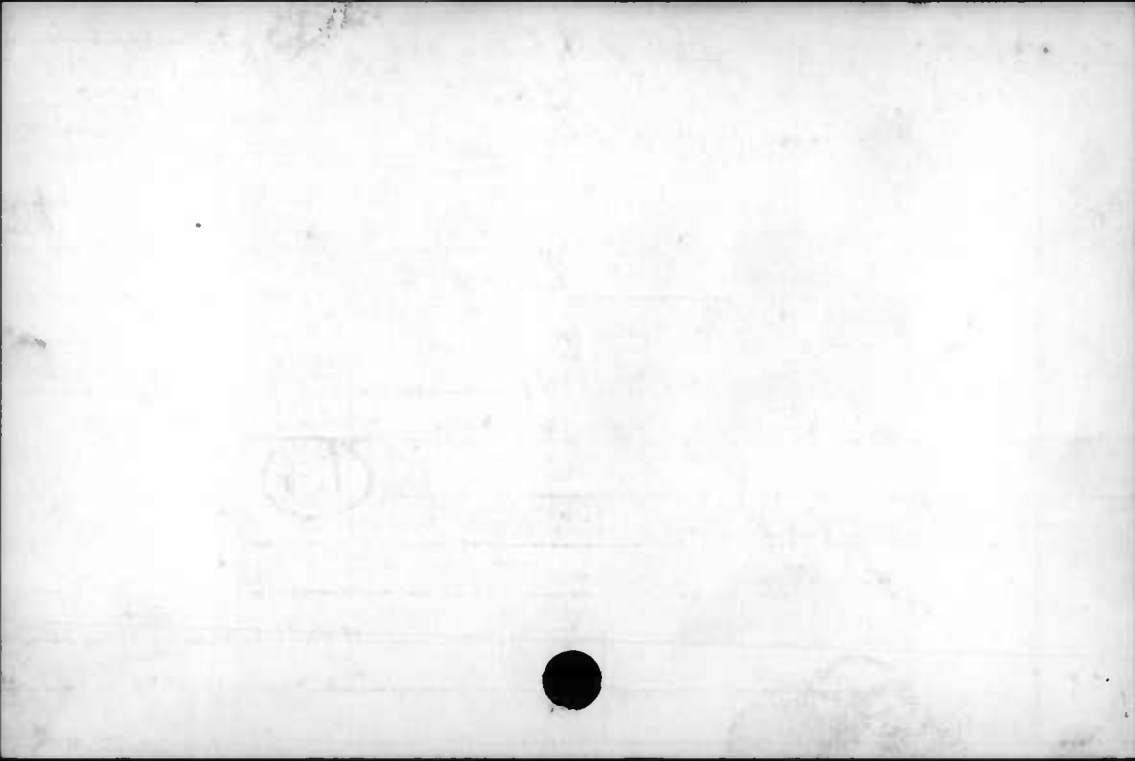
Address Arlington

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

Mary Gilmor Young

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Towson		County Baltimore		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Jan	10	Age 70	8	5	
Sex		Color or Race		Birth-place			
Female		white		Balto. Co.			
Occupation				Where Residing if not at place of death			
None				Balto			
Married, Single or Widowed		Name of Wife or Husband					
Widowed		Wm Young					
Father's Name		Father's Birthplace					
Robert Gilmor		unknown					
Mother's Maiden Name		Mother's Birthplace					
Helen Ward		unknown					
Name of person giving information		How related to deceased					
Alice Gilmor		niece					

## CAUSES OF DEATH

81

PHYSICIAN  
OR CORONER

Primary	Arterio-sclerosis & dementia	How long	5 years?
Immediate	Rupture of aorta	How long	5 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Wm Rush Danton, Jr	
		Address	
		Gorans, Md.	
Accident or Suicide?			
No			

THE SHEPPARD &amp; ENOCH PRATT HOSPITAL

LIBRARY BUREAU ADDRESS

Place of burial Greenmount Cemetery

Hay W. Jenkins & Sons Co

Funeral Directors

300 W. Madison St

Balto Md